

MINUTES

IOWA STATE BOARD OF HEALTH
MARCH 9, 2011 10:00 A.M.
5TH FLOOR SOUTH CONFERENCE ROOMS #517-518
LUCAS STATE OFFICE BUILDING
321 EAST 12TH STREET, DES MOINES, IA

CALL TO ORDER

Cheryll Jones called the meeting to order at 10:08 a.m.

ROLL CALL

Members Present:

Cheryll Jones, Chair
Gregory Garvin
Jay Hansen
Elizabeth Kressin
Hattie Middleton
Donald Skinner
Rowe Winecoff

Members Absent:

Justine Morton
Maggie Tinsman
Michael Wolnerman

Other Attendees:

Heather Adams, Assistant AG
Mary Jones, Acting Sec. of the Board
Tracie Gibler, Recording Secretary

I. Minutes

A motion made by Rowe Winecoff and seconded by Gregory Garvin to approve the January 12, 2011 Board of Health minutes carried unanimously.

A motion made by Elizabeth Kressin and seconded by Gregory Garvin to approve the February 9, 2011 Board of Health Special Electronic Meeting minutes carried unanimously.

II. Rules

A. Department of Public Health [641]—Barb Nervig

1. Adopted and Filed Emergency

a) Chapter 131, “Emergency medical Services Provider Education/Training/Certification”

The rules in Chapter 131 describe the standards for the education, training, and certification of emergency medical providers and establish a standard of conduct for training programs, students, and providers. This rewrite of the chapter incorporates new levels of emergency medical care providers and requires accreditation for training programs conducting paramedic courses. This aligns Iowa with national provider levels, simplifies the number of levels of EMS providers and ensures that paramedics are trained to nationally recognized standards. One comment was received supporting the changes. No changes were made to the rules as published for notice. A motion was made by Rowe Winecoff and seconded by Gregory Garvin to adopt and file the amendments to Chapter 131. Motion approved unanimously.

b) Chapter 132, “Emergency Medical Service—Service Program Authorization” 136, “Trauma Registry”

The rules in Chapter 132 describe the standards for the authorization of EMS services. The rules in Chapter 136 describe the trauma registry procedures and policies. These amendments require ambulance services to submit reportable patient data electronically. Currently only 10 of Iowa’s 460 transporting ambulance services are reporting by paper. No comments were received by the

department. No changes were made to the rules as published for notice. A motion was made by Elizabeth Kressin and seconded by Donald Skinner to adopt and file the amendments to Chapters 132 and 136. Motion approved unanimously.

c) Chapter 134, “Trauma Care Facility Categorization and Verification”

The rules in Chapter 134 describe the standards for the verification of trauma care facilities. These amendments update the categorization criteria for Iowa’s 118 hospitals. For Level I hospitals, this will align the rules with the National Criteria that are already being used. For Level II and III hospitals, the criteria will be less restrictive. For Level IV hospitals, there will be no change. No comments were received. No changes were made to the rules as published for notice. A motion was made by Rowe Winecoff and seconded by Hattie Middleton to adopt and file the amendments to Chapter 134. Motion approved unanimously.

2. Notice of Intended Action

a) Chapter 126, “State Medical Examiner”

The proposed amendment increases some of the fees that apply to autopsies conducted by the state medical examiner’s office. The autopsy fee is proposed to increase from \$1200 to \$1400. The hourly rate for the state, deputy or associate medical examiner time for all court cases is proposed to increase from \$350 to \$450. It is proposed that a cremation permit fee of \$75 be assessed for each permit investigated and authorized by the state medical examiner’s office. The fee increases are being requested to keep pace with inflation and other associated rising costs.

b) Chapter 155, “Licensure Standards for Substance Abuse and Problem Gambling Treatment Programs”

Iowa Code section 136.3(13) allows the State Board of Health to appoint a substance abuse and gambling treatment program committee to approve or deny applications for licensure received from substance abuse programs and gambling treatment programs to perform other functions delegated to the committee. These proposed amendments define a substance abuse and gambling treatment program committee and specifies the duties of the committee. The amendments also make changes throughout the chapter where the committee shall replace the board in the rules.

Additionally, Barb Nervig stated that Governor Branstad’s office must pre-clear rules before the Notice of Intended Action process begins, which adds 2-4 weeks to the length of the process. In May the Department rule implementers are going to talk about a systematic review of all rules and a possible automatic sunset clause to bills. Barb has been tracking the rules within the Department, and most are within a 5-year current window.

Barb pointed out that the rules are based on and designed to implement legislation, and that it does not make sense for the rule to sunset if the legislation does not. Elizabeth Kressin mentioned that California and Texas had problems when rules expired and that perhaps a review process would be better.

Executive Order 71 requires that every rule has a cost/benefit analysis attached to it, including economic costs, a comparison of probable costs if a less intrusive method was used, and a job impact statement. Mary Jones stated that these will significantly increase the amount of work required for the department.

III. Substance Abuse

A. Report from Substance Abuse/Problem Gambling Treatment Program Committee Jay Hansen

Jay Hansen reported that the committee met this morning. During their meeting, committee members issued three comprehensive licenses, all for one year; one 270-day license for the 270-Day Licensed Program; one license per the Three (3) Year Assessment and Evaluation Program; and one *Deemed Status* license. They also reviewed one pending complaint.

The Board discussed health care reform as it relates to mental health. Most recent legislation does not have mental health moving to the Department of Public Health anymore; rather services are at the Department of Human Services.

Kathy Stone, Division Director at the Department, gave a briefing on Senate File 481. The legislation looks at reforming state and county responsibilities for mental health and disability services, as opposed to previous legislation that was more of a transformation of identifying gaps in services and access. The Department of Human Services may be directed to convene stakeholders. Jay Hansen asked that the Department's legislative liaison ask association lobbyists to get stronger language regarding stakeholders in the legislation, and Cheryl Jones also thinks that there needs to be a clear distinction between the Department of Public Health as a stakeholder and the state Board of Health as a stakeholder.

Senate File 481 will likely survive the second legislative funnel as there were appropriations associated with it. In addition, Representative Dave Heaton indicated to staff that mental health and disability services would likely stay at the Department of Human Services because so much of it is Medicaid based.

Kathy Stone will keep apprised of any amendments to SF 481 and investigate strengthening the stakeholder language.

IV. Department Reports

A. Deputy Director's Information – Mary Jones

Deputy Director Mary Jones announced that Director Dr. Mariannette Miller-Meeks was in Washington, DC attending the Association of State and Territorial Health Officials meeting.

Mary gave a brief overview of the legislative funnel process to the Board members and updated them on key Department bills that are on the move. The eHealth bill (SF 404) and the Omnibus bill (HF 467) both survived the first funnel. The House has questions about the eHealth bill, as well as the medical boards having separate funds for fees.

There are currently two health reform bills (the Health Benefits Exchange bills) that are being addressed at the Capitol. One is from the Senate Human Resources Committee (Senate File 348) and one from the Senate Commerce Committee (Senate File 391). Leaders say neither bill will pass as currently written - so there will need to be a compromise if anything is to pass this year.

Senate File 348 creates a purchasing exchange and decisions are made by a governing board comprised of consumers, businesses, experts and providers. No insurers can sit on the panel, or anyone else with a conflict of interest.

Senate File 391 allows for multiple exchanges, makes the exchanges information-only, requires health insurance purchases be made through an insurance agent, requires insurers to pay insurance agents at

least 5% of the plan's cost annually, makes the insurance commissioner responsible for all exchange decisions, requests a five-year waiver from all federal health mandates, and permits a "mandate free" plan be offered.

The Department of Public Health is monitoring the progress of both bills and remains neutral at this time, but is quite active in the committee and subcommittee hearings for both bills.

B. Staff Reports

1. Iowa Health Update – Dr. Quinlisk

Dr. Quinlisk passed out the Iowa Influenza Surveillance Network report and briefed Board members on its contents. The State's flu activity is currently considered "widespread," but Dr. Quinlisk said that we're actually pretty low as far as doctor's visits are concerned. She believes that the state flu activity has probably reached its peak; however, it will likely continue into April. The overall flu season was not as bad as she thought it might be, which is likely because people got the flu vaccine.

Dr. Quinlisk also handed out the Iowa Pertussis Update, which shows that since the holidays our pertussis activity has gone down. Word has gone out to county health departments and the public that people should get vaccinated against pertussis. County health departments are doing a good job of managing pertussis outbreaks when they do occur.

Dr. Quinlisk advised that the Center for Acute Disease Epidemiology had issued their rabies summary. Rabies is going down on the whole, with some domesticated animals becoming infected this year, but skunks are the primary carrier. Dr. Quinlisk thinks it has something to do with their migration patterns. Of the 1500 animals tested who have exposed humans or companion animals to rabies, only 27 test positive to rabies.

2. Military Families/Veterans Report

Tabled until next meeting.

V. Old Business

No old business.

VI. New Business

A. Review of the Public Health Standards – Joy Harris

1. Communication and Information Technology

- *IT 1 – Maintain information technology infrastructure.*

This standard is quite broad and includes maintaining computer infrastructure to interface with the state laboratory, local public health departments, and other state agencies, working with local health departments to assure compatibility of local and state data, and finally developing policies and procedures to collect, store, retrieve, and retain records and data. No one bureau or program is responsible for meeting this standard independently. It is a collaborative effort between the Bureau of Information Management and programs who establish data collection requirements. The Department has used specific information from programs including childhood lead poisoning, tobacco, child health, and private water well testing as documentation of our ability to

meet the criteria. Policies and procedures for virus protection, information security, email retention, and use of the Health Alert Network (HAN) were also submitted.

- *IT 2 – Maintain communication infrastructure.*

This standard is about making sure that the Department is available to local public health partners to assist with messaging. In order to do this it has several processes in place. One of the programs we've highlighted in our evidence is the role of the duty officer. Duty officers are available 24/7 to local public health departments. Duty officers serve in the areas of Disaster/Terrorism, Infectious Disease/Foodborne Illness/Rabies, Health Alert Network, Public Information, Information Management Infrastructure, and Iowa Disease Surveillance System/HAN technical support.

Also highlighted in documentation is the availability of the Department's public information officers to provide consultation and policy guidelines to local public health agencies for managing media relationships, news releases, and news conferences. Some local health departments don't have the internal capacity to write news releases, but are able to use a news release developed by the department, add local flavor, and assure that public health messages are being published.

- *IT 3 – Maintain a system for routine and urgent communications*

The Iowa Department of Public Health needs to be able to assure our availability 24 hours, seven days a week, 365 days a year for routine, intermediate, and emergency alerting or notification and for information sharing with appropriate audiences. In an emergency situation the Department can use either the HAN for alerting via email, phone, cell phone, paging or fax; or an 800 MHz radio system that connects us to every hospital and local public health agency in the state in addition to the Iowa Department of Agriculture and Land Stewardship (IDALS), Homeland Security and Emergency Management Division (HSEMD), Department of Human Services (DHS), State Hygienic Laboratory, Poison Center, and Iowa State Patrol. We also have satellite telephones for use in the event our phone system is down; high frequency radio to connect with Centers for Disease Control and Prevention (CDC), Health and Human Services (HHS), Federal Emergency Management Association (FEMA), and other federal and interstate partners.

- *IT 4 – Provide education, information, and resources to protect and promote the public's health.*

The Department has many different avenues for communication. Several newsletters are published by various programs throughout the Department, other programs make use of list serves to provide regular education and information to those who subscribe. The department has also used our website as evidence of our ability to meet the criteria in this standard. Our website is made up of approximately 13,000 pages. Currently the Website Advisory Committee is working to assure that our website is a strategic communications tool. The committee would like to assure that the site is welcoming and helpful to both public health professionals and members of the public. Page owners are working with members of the committee in order to assure that pages are updated regularly and contain accurate information.

- *IT 5 – Establish and maintain a public health data warehouse.*

The Public Health Data Warehouse is currently operational and contains the following data sets; birth, death, Census population, hospital discharge, and BRFSS (Behavioral Risk Factor Surveillance System) data. Approximately 120 local public health practitioners have been trained on its use. Currently the program is planning training opportunities for state employees. Finally a Request for Proposal is posted seeking a contractor to do a thorough business assessment. The first portion, the evaluation of current and future data needs should be completed by July 2011. The next portion, the evaluation of data needs for current and future data warehouse users is scheduled to be completed in July of 2012. Ultimately this assessment will inform further development of the data warehouse including identifying future data sets and making available a public portal.

2. Emergency Response

- *ER 1 – Maintain and update the Public Health Emergency Response Plan.*

The Public Health Emergency Response Plan includes sections detailing things like; equipment and supplies needed for response, standard operating procedures for point of dispensing, continuity of operations, surge capacity, role of public health in mass care, role of public health in behavioral and counseling services, quarantine and isolation, role of environmental health response, and job action sheets for all roles in the incident command structure. The department's emergency response plan has to meet requirements established by Homeland Security and Emergency Management, Department of Health and Human Services, and the Centers for Disease Control and Prevention.

The Department also works with local public health agencies and hospitals to assure that their emergency response plans are up to date.

- *ER 2 – Participate in local and regional multidisciplinary response planning groups.*

The Department participates in both state level and state and local level planning groups. At the state level one example is the department's participation in the Iowa Homeland Security and Emergency Management's State Agency Homeland Security Points of Contact. State agency points of contact meet regularly to discuss homeland security issues. They are also responsible for distributing messages back to their agency and partners.

The Department partners with local public health departments, local professional associations, academia, the National Guard, hospitals, and other state agencies through the Preparedness Advisory Committee (PAC). The mission of the PAC is "to participate in the development and maintenance of a statewide, sustainable public health emergency preparedness program which integrates public health and health care services across organizational and governmental boundaries." The committee advises the department on matters of policy, plan development, funding allocations, and coordination of state, regional, and local entities responsible for promoting and protecting the health and safety

of all Iowans prior to, during, or after a public health emergency response or disaster. The PAC meets quarterly.

- *ER 3 – Annually test the Public Health Emergency Response Plan.*

The Iowa Department of Public Health tests parts of the state emergency response plan on a regular basis. Exercises may be an hour or two in length, some last for a few days. The Department is also responsible for providing technical assistance, consultation, and resource referral for local public health agencies and hospitals regarding the testing of their emergency response plans. In doing this the department is responsible for developing exercise planning documents/templates, exercise scenarios, and assuring that requirements for exercises are met.

Tests of the emergency response plan influence the continued revision of both state and local emergency response plans.

- *ER 4 – Assure public health preparedness through education and training.*

The Department has worked to be able to educate and train both our partners and the public about this very important topic.

For our partners there are courses on the core competency of Emergency Response available on the Learning Management System. The Learning Management system is available for state and local public health partners, and offers the flexibility of an online learning environment.

For the public the Iowa Department of Public Health hosts the Protect Iowa Health website. On that website information is available that walks people through the steps of developing a family emergency plan, putting together an emergency kit for their family, and provides links to additional information and resources.

B. Public Health Advisory Council – Joy Harris

1. Replacement for Justine Morton

The Public Health Advisory Council meets every other month on the first Thursday of the month in Des Moines. It is difficult for Board members to participate in both because they meet the same month as the Board of Health. Justine Morton is seeking to be replaced on this Council.

Joy Harris & Mary Jones will look into webinar access and availability and Elizabeth Kressin also suggested webcasts.

Elizabeth Kressin would be willing to serve on the Council for a year if she could connect to the meetings remotely.

A motion was made by Gregory Garvin that the Board of Health recommends to Director Dr. Miller-Meeks that Elizabeth Kressin serve on the Public Health Advisory Council for a year providing that she could connect remotely, Jay Hansen seconded, and the motion carried unanimously.

2. Approval of Pilot-Accrediting Entity

The Public Health Modernization Act requires a pilot of the Iowa accreditation system take place in 2011. In order to meet this requirement and complete the pilot, an accrediting entity needs to be named. The act requires that the State Board of Health approve the accrediting entity.

Gregory Garvin made a motion that the Department of Public Health would serve as the accrediting entity for the pilot only, and would contract with the counties to conduct site visits. Rowe Winecoff seconded, and the motion carried unanimously.

The Board wants the pilot to be conducted in two counties, which would be reimbursed for mileage and food. An RFI will be needed to select the two counties.

VII. Next Meeting

A. Items for May 11, 2011 Agenda

1. Annual Review to Assure that IDPH is in Compliance With Code, Administrative Code, and the Standards - Heather Adams
2. Distribution of the Annual Report – Jonn Durbin
3. Bi-annual Endorsement of the Iowa PH Standards—Joy Harris
4. Annual Review to Assure the Board is in compliance with the Iowa Public Health Standards - Joy Harris
5. Lead Program Update—Rita Gergely

VIII. Adjournment

At 11:54 a.m. a motion was made by Gregory Garvin, seconded by Rowe Winecoff, to adjourn the meeting. Motion carried unanimously.

Mariannette Miller-Meeks, Director
 Secretary of the Board
 Iowa Department of Public Health

Tracie Gibler
 Recording Secretary
 Iowa Department of Public Health

Mary Jones, Deputy Director
 Acting Secretary of the Board
 Iowa Department of Public Health