

MINUTES

**IOWA STATE BOARD OF HEALTH
JANUARY 14, 2009 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

Justine Morton called the meeting to order. Cheryll Jones was later able to join the meeting by conference call.

ROLL CALL

Present:

Gregory Garvin
Jay Hansen
Cheryll Jones
Maggie Tinsman
Edward Maier
Hattie Middleton
Justine Morton
Rahul Parsa
Rowe Winecoff
Heather Adams

Absent:

John Stamler

I. Minutes

A motion made by Maggie Tinsman and seconded by Hattie Middleton to approve the November 12, 2008 Board of Health minutes carried unanimously.

A motion made by Maggie Tinsman and seconded by Edward Maier to approve the December 3, 2008 Board of Health minutes with the correction to change the sentence “Karen Doland addressed the board stating that the rules provide that the board’s final decision must be issued 30 days ~~within~~ **from** the hearing.” carried unanimously.

II. Rules

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

1. Adopted and Filed

a) Chapter 142, “Out-Of-Hospital Do-Not-Resuscitate Orders”

This amendment updates information concerning the uniform identifier based on changes to Medic Alert’s® pricing structure. No public response or comment was received. This amendment is the same as the one filed as notice of intended action. A motion was made by Rowe Winecoff and seconded by Rahul Parsa to adopt and file the amendments to Chapter 142. Motion carried unanimously.

b) **Chapter 143, “Automated External Defibrillator Grant Program”**

These amendments add standards for maintenance of an AED device in accordance with Iowa Code Section 613.17 as amended by 2008 Iowa Acts, Senate File 505. No public response or comment was received. This amendment is the same as the one filed as notice of intended action. A motion was made by Maggie Tinsman and seconded by Rahul Parsa to adopt and file the amendments to Chapter 143. Motion carried unanimously.

2. **Notice of Intended Action**

a) **Chapter 22, “Practice of Tattooing”**

The proposed rules describe the requirements for tattoo artists and establishments in Iowa. The rules also include the procedures and fees for the practice of tattooing.

b) **Chapter 37, “Breast and Cervical Cancer Early Detection Program”**

These proposed rules are intended to define the scope of service provision, client eligibility criteria, priority for program expenditures and client application procedures within the Iowa Breast and Cervical Cancer Early Detection Program. The Iowa Breast and Cervical Cancer Early Detection Program currently operates as these rules describe.

c) **Chapter 194, “Nonpayment of State Debt”**

These proposed rules describe the action the department needs to take upon receipt of a certificate of noncompliance from the centralized collection unit of the Department of Revenue. The rules specify the procedures for denial of issuance or renewal of a license or the suspension or revocation of a license issued by the department.

III. Substance Abuse

A. Licensure Recommendations – Dean Austin and Jeff Gronstal

1. Three and Two-Year Comprehensive Programs

A motion made by Rowe Winecoff and seconded by Justine Morton to approve a license for a period of three (3) years to the following: The Iowa Residential Treatment Center, Mt. Pleasant, Iowa, license effective December 16, 2008 to December 16, 2011; Counseling and Assessment Services, PC, Des Moines, Iowa, license effective June 17, 2008 to June 17, 2011; Frank S. Gersh, Ph.D., Iowa City, Iowa, license effective December 17, 2008 to December 17, 2011; and, approve a license for a period of one (1) year to Hope Recovery Center, LLC, Atlantic, Iowa, license effective December 12, 2008 to December 12, 2009; and Iowa Correctional Institution for Women, STAR & Violator Program, Mitchellville, Iowa, license effective December 18, 2008 to December 18, 2009 carried unanimously.

2. 270 Day Programs

A motion made by Justine Morton and seconded by Maggie Tinsman to approve a license for a period of 270 days for Backbone Area Counseling Center, Regional Medical Center, Manchester, Iowa, license effective January 14, 2009 to October 21, 2009.

3. Denial

A motion made by Rowe Winecoff seconded by Justine Morton motion that the Iowa Board of Health propose to refuse to renew the license of Lifeline Recovery at Lifeline Resources, LLC, Des Moines, Iowa in accordance with Iowa Administrative Code 641-155.11(1) carried unanimously.

B. Deemed Status Programs

A motion made by Maggie Tinsman seconded by Justine Morton to issue a license through deemed status to Mercy Health Center, Turning Point Treatment Center and Adolescent Substance Abuse, Dubuque, Iowa, based on an accreditation survey conducted and accreditation awarded by The Joint Commission, effective August 7, 2007 to August 7, 2010, carried unanimously.

IV. Department Reports

A. Director's Information – Tom Newton

Director Newton shared with the board IDPH's 2008 Annual Report and Budget Summary and encouraged board members to review and bring any comments back to the March meeting. The annual report is available on our Website and was shared with legislators.

Director Newton informed the board that the department has not received the governor's budget. We initially provided a status quo 2010 budget to the Governor's Office. There is a strong possibility that the governor's budget will be less than a status quo budget, but we will not know what it's going to look like until released. As we get information back from the governor (end of January), Director Newton will share this with the BOH by e-mail.

As part of our status quo budget, Director Newton said that we carved out some funds from existing programmatic areas to support Public Health Modernization. This is a major priority for the department. We found \$966,000 that we think we need to get started. \$700,000 would go out to local PH agencies to help them build their capacity to meet the standards. Our department would retain between \$104,000 - \$105,000 to support one FTE, provide technical assistance, consult with LBOH and LPH agencies, and collect best practices which could be shared across the state. \$150,000 would be used to support an accrediting body, an entity that would serve as a coordinator of accreditation activities within the State of Iowa. PH Modernization is our major legislative piece this year. We are optimistic that funds will be found to support it. Counties are discussing how they would meet accreditation. One way they are exploring is by meeting accreditation in multi-county area groups but not formal arrangements.

According to Director Newton, the governor took action on the 2009 budget in November and froze all out-of-state travel and hiring of staff on state funds. He has all state agencies examining how they are spending state funds and making sure there are some funds that can be reverted at the end of the year. Our target was a little over \$400,000. We had several vacancies within the department at the time, we had over \$500,000 of state funds that were essentially frozen due to vacancies. This was followed with a 1.5% across the board reduction to state agencies; again our cut was a little over \$400,000. Grand total was \$889,000 that we needed to remove from our existing 2009 budget. Due to administrative savings, we anticipate \$1,000,000 that will be reverted at the end of the fiscal year. This gives us a little flexibility. There is one more Revenue Estimating Conference before the end of the fiscal year in March. Potentially after that meeting, the Governor's Office could come back and ask us to reduce our budget again.

Director Newton reported that Health Care Reform Act passed this past year tasked our agency with a lot of activities within that legislation. Health Information Technology and Prevention and Chronic Care Management Advisory Committee were to have given a report to the State Board of Health. Because of the budget restriction, those two activities may not be accomplished this year. From the Health IT, \$186,000 out of \$194,000 was frozen, due to a hiring freeze as well as freeze on new contracting. \$150,000 out of \$190,000 from Prevention and Chronic Care has been frozen. Those groups will probably convene a few times from now to the end of the fiscal year, but they may not have plans to present and report to the BOH.

Director Newton also reported that the federal stimulus package may contain substantial funding for public health. Through his communications with ASTHO and Senator Harkin's office, it has become clear that prevention, wellness, health, workforce and health IT will all receive funding in the stimulus packages.

The State Board of Health requested that Director Newton send the advocacy documents on the Health Care Reform Act to board members.

B. Staff Reports

1. Governor's & Lieutenant Governor's Priorities – Kate Walton

Kate wasn't able to be present today; however, she will be rescheduled for the March meeting.

2. Influenza & Salmonella – Patricia Quinlisk

Dr. Quinlisk shared with the Board the Influenza Surveillance Report (IISN) which is posted on our Website. She said that although we are still sporadic in Iowa, we are starting to see indications of the influenza season really picking up. Traditionally, a week or two after the holidays, we do see an increase in the number of flu cases. We're entering our last push right now to get people vaccinated. Flu really hasn't affected our schools yet, as we're still below the threshold. However, we still know it's coming.

Dr. Quinlisk went on to say that one of the strains that is circulating does appear to be Tamiflu resistant. She said that we're going to try to look at how much Tamiflu is used in Iowa. Her impression has been that it isn't used that much except for very high-risk people, long-term care facilities, etc. There are some countries, like Japan, that use it for anybody who has flu-like symptoms.

Dr. Quinlisk also talked about salmonella that has been publicized by the media. Recently, the department staff has been working with local and the Department of Inspections and Appeals to put together a manual on how to investigate a food-borne outbreak. She shared with board members a staff-developed CD, which is also on our Website. Food-borne illnesses have involved CADE, Environmental Health, local health departments and the Department of Inspections and Appeals.

According to Dr. Quinlisk in Iowa, only one case of salmonella has been matched on the genetic finger printing of the bacteria responsible for the national outbreak. The peanut butter that has been in the news recently is a brand made in large batches for institutions. It's not one to be found on the local grocery store shelf. As far as we can tell right now, Iowa did not receive any of those large institutional batches, which may be why we're having so many fewer cases than in our neighboring states. The investigation is continuing along with looking at other types of exposure. Although the brand associated with salmonella has been recalled by the manufacturer; the situation is not over.

Dr. Quinlisk also brought to the board's attention that our new rate of smoking in the state is 14%, which is a 22% decrease from two years ago, an incredible decrease. Dr. Quinlisk credited some of the legislation, the efforts of the Tobacco Program, as well as people becoming more aware of help available on the tobacco hot line.

Dr. Quinlisk called attention to Live Healthy Iowa which starts today. This program deals with our second cause of death in the state of Iowa, which is basically, too much food intake and not enough exercise. The board requested that Director Newton share information on Live Healthy Iowa 100-Day Challenge. The cost of enrollment is \$18.00 which includes a t-shirt, 1-year subscription of a magazine through the Merideth Corporation, and discounts at HyVee stores. Last year, 3,600 Iowans participated.

Dr. Quinlisk shared information about the Hanta virus. There have been seven recognized cases in Iowa since the virus was first recognized. At the time it was first recognized, the Department of Agriculture did some small rodent tracking and know that the rodents in Iowa do carry the Hanta virus. Six of the cases had very obvious, potential exposure to rodent feces and urine, which is how the mice excrete the virus. We will need to continue to educate the public on how to reduce the risk of exposure. Traditionally this

risk of exposure occurs in the spring when people go into cabins and clean out areas where rodents may have been nesting in the winter time.

3. Iowa Plan Reprocurement – Kathy Stone

Kathy shared with the board a brief update on reprocurement for the Iowa Plan for Behavioral Health. The Iowa Plan for Behavioral Health is the state’s managed care plan for mental health services and substance abuse services funded by Medicaid under the authority of the Department of Human Services and substance abuse services funded through the Federal Block Grant and state appropriations under the authority of IDPH. There have been versions of the Iowa plan in effect since 1995.

The current Iowa plan contract will expire December 31, 2009. DHS and IDPH are now in the process of competitively reprocuring a contractor for the next version of the Iowa plan. The RFP development process included input from a lot of external stakeholders through public meetings, work with national consultants, and review of our own data. The RFP was released December 31, 2008. The next Iowa plan contract will start January 1, 2010.

The next contractor will competitively procure a limited provider network for IDPH-funded substance abuse services, also effective January 1, 2010.

There are three things in the RFP that are enhancements from the IDPH perspective: 1) The RFP’s more recovery oriented. 2) It builds emergency services statewide. 3) The contractor will look at pharmacy data to make sure medications are appropriate.

IDPH has \$25.5 million in the Iowa plan. The contractor can take up to 3.5% of that for administrative costs. That is reduced to 3% in subsequent contract years with the potential for the contractor to receive incentives totaling .5% for meeting specific performance measures. On the DHS Medicaid side, the contractor can receive up to 13.5% of Medicaid funding for administration after 2.5% of the funding is directed to a Community Reinvestment fund. Total Medicaid funding is \$115 million.

The board requested that Kathy provide the board a listing of examples of Iowa Plan Community Reinvestment projects. Kathy will also provide the board with a 1-page summary of the Iowa plan reprocurement and offered to keep the board posted.

V. Old Business

A. Annual Orientation Refresher – Julie McMahon & Heather Adams

This has been deferred to May.

B. Priorities for 2009 Legislative Session – Cheryll Jones

The board discussed and established the Modernization Act and Protecting the Public Health Infrastructure as the 2009 board’s priorities. A motion was made by

Justine Morton and seconded by Maggie Tinsman to make the Modernization Act and Protecting the Public Health Infrastructure the top two priorities for 2009 carried unanimously. The board agreed to work with Lynh Patterson on a letter to be distributed by January 16 to board members for approval. Director Newton will work with Lynh to request this.

VI. New Business

A. Review Letter in Support of the Preventative Block Grant – Cheryll Jones

The board approved the letter that was shared with the board to be mailed out as soon as Director Newton feels appropriate. Director Newton will let the board know when the hearings will be held for the Preventive Block Grant.

VII. Next Meeting

A. Items for March 11, 2009 Agenda

- Kate Walton will be asked to present the *Governor’s & Lieutenant Governor’s Priorities* during the March BOH meeting.
- The *Annual Orientation Refresher* will be moved to the May BOH meeting.

VII. Adjournment

At 11:53 a motion was made by Maggie Tinsman and seconded by Hattie Middleton, to adjourn the meeting. The motion carried unanimously.

Thomas Newton, Director
Secretary of the Board
Iowa Department of Public Health

Ramona Cooper
Recording Secretary
Iowa Department of Public Health