

Call In Number: (866) 685-1580  
Conference Code: 515 281 5606

**AGENDA**  
**IOWA STATE BOARD OF HEALTH**  
**NOVEMBER 13, 2013 – 10:00 A.M.**  
**5<sup>TH</sup> FLOOR SOUTH CONFERENCE ROOMS #517-518**  
**LUCAS STATE OFFICE BUILDING**  
**321 EAST 12<sup>TH</sup> STREET, DES MOINES, IA**

In accordance with its statutory duties, the Iowa State Board of Health is the policy-making body for the Iowa Department of Public Health. The board's mission is to protect and promote the health of all Iowans by reviewing the field of public health and making recommendations to the department, the Iowa General Assembly, and the Governor on a wide range of public health issues. The board also adopts rules consistent with the law for the protection of the public health and the prevention of substance abuse.

**CALL TO ORDER**

**ROLL CALL**

**I. Minutes**

A. Approval of September 11, 2013 Minutes

Jay Hansen made a motion to accept the September 11, 2013 meeting minutes.

Diane Thomas seconded. Motion carried.

**II. Rules**

A. Department of Public Health [641] – Jim Goodrich

1. Adopted and Filed

a. Chapter 11, “Acquired Immune Deficiency Syndrome (AIDS)”

The rules in Chapter 11 describe procedures and programs related to HIV/AIDS, including laboratory certification, training programs, notification and testing of exposed persons, and the AIDS Drug Assistance Program (ADAP). The new Chapter 11 rules implement changes that have been made to Iowa Code chapters 139A and 141A, including removing the laboratory certification procedures; describing reportable events and conditions for HIV/AIDS; defining and describing partner notification services; updating procedures for occupational exposures to blood-borne pathogens; and removing prohibitions on home testing. In addition, the rules clarify and add detail to consent procedures for HIV testing. They also update references and Iowa Code citations and change the method of calculating income for eligibility for ADAP to conform to the methodology used by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

A motion was made by Norm Pawlewski and seconded by Kenneth Wayne to accept Chapter 11. Motion carried.

- b. Chapter 23, “Plumbing and Mechanical Systems Board – Licensee Practice”

Chapter 23 was not discussed at the meeting.

- c. Chapter 27, “Plumbing and Mechanical Systems Board – Administrative and Regulatory Authority”

These amendments incorporate new mechanical, HVAC-refrigeration, and sheet metal disciplines identified in 2013 Iowa Acts, Senate File 427, into definitions for license and licensee. 2013 Iowa Acts, Senate File 427, became effective upon enactment on April 26, 2013, by operation of section 36 of the Senate File. The new disciplines are also incorporated into the rules setting forth the purpose of the Board and into one of the subrules addressing investigations of violations.

A motion was made by Norman Pawlewski and seconded by Tonya Gray to accept Chapter 27. Motion carried.

- d. Chapter 29, “Plumbing and Mechanical Systems Board – Application, Licensure, and Examination”

Many of the amendments were necessary to implement 2013 Iowa Acts, Senate File 427, which became effective upon enactment on April 26, 2013, by operation of section 36 of the Senate File. Other purposes were to modify the definition of “hydronic” to reflect the most current definition contained in Iowa Code section 105.2(8), to specify circumstances under which an application for licensure shall be deemed incomplete, to remove the requirement that examinations adopted by the Board must be “nationally recognized” and to omit the obsolete requirement that a licensee “provide evidence that the licensee continues to meet the general requirements for licensure under rule 641 – 29.2(105)” in order to qualify for renewal.

A motion was made by Maggie Tinsman and seconded by Jay Hanson to accept Chapter 29. Motion carried.

- e. Chapter 30, “Continuing Education for Plumbing and Mechanical Systems Professionals”

Again, many of these items are necessary to implement 2013 Iowa Acts, Senate File 427. These amendments were also necessary to increase the number of hours of continuing education a licensee may obtain through computer-based courses. This amendment is intended to decrease the burden on licensees that may result from traveling to in-person continuing education courses.

A motion was made by Diane Thomas and seconded by Maggie Tinsman to accept Chapter 30. Motion carried.

f. Chapter 32, “Plumbing and Mechanical Systems Board – Licensee Discipline

The amendments clarify the following additional grounds for licensee discipline: failure to comply with a compliance review of continuing education; practice outside the scope of a license; practicing as a journeyman without the supervision of a master; practicing in a trade for which the licensee does not hold a Board-issued license; contracting for Iowa Code chapter 105-covered work in Iowa without a contractor license; practicing with a lapsed license; and practicing as a contractor without the required bonding and insurance.

The amendment also clarifies that an order imposing civil penalty may be administratively issued subsequent to the Board’s issuing a notice of intent to impose such a penalty, and that a licensee can waive right to hearing at any time and pay a penalty noticed under rule 641 – 32.5(105).

A motion was made by Kenneth Wayne and seconded by Tonya Gray to accept Chapter 32. Motion carried.

g. Chapter 33, “Plumbing and Mechanical Systems Board – Contested Cases”

These amendments pertain to the statement of charges issued by the Board. Item 1 rescinds paragraph 33.13(2)”b” which states, “Any allegation in the statement of charges not denied in the answer is considered admitted.” The effect of this rescission is to ensure that licensees have an opportunity to raise any potential defense in a contested case disciplinary proceeding, regardless of whether a licensee timely files an answer and regardless of the contents of the answer. It is the intent of the Board through these amendments to make the discipline process as fair as possible to licensees.

No action was needed by the Board of Health. This rule will go before the Plumbing Board for approval.

h. Chapter 35, “Plumbing and Mechanical Systems Board – Licensure of Nonresident Applicant-Reciprocity”

These amendments are necessary to implement 2013 Iowa Acts, Senate File 427, which became effective upon enactment on April 26, 2013, by operation of section 36 of the Senate File. The amendments

identify three new disciplines: mechanical, HVAC-refrigeration, and sheet metal, which will be added to the disciplines recognized for the purpose of reciprocity.

A motion was made by Maggie Tinsman and seconded by Kenneth Wayne to accept Chapter 35. Motion carried.

2. Notice of Intended Action

- a. Chapter 7, “Immunization and Immunization Education: Persons Attending Elementary or Secondary Schools, Licensed Child Care Centers or Institutions of Higher Education”

The proposed amendments are necessary to implement 2013 Iowa Acts, Senate File 419 to modify the Iowa Immunization Registry (hereafter referred to as the registry) to capture “health screening records” to include vision screening records specified in SF 419. The proposed rule changes will also amend the type of medical provider that will have access to the registry for the purpose of health screenings as well as how records are to be shared between agencies.

B. Department of Inspections and Appeals [481] – Dave Werning

1. Adopted and Filed

- a. Chapter 57, “Residential Care Facilities,” Chapter 58, “Nursing Facilities,” Chapter 62, “Residential Care Facilities for Persons with Mental Illness (RCF/PMI),” Chapter 63, “Residential Care Facilities for the Intellectually Disabled,” Chapter 64, “Intermediate Care Facilities for the Intellectually Disabled,” and Chapter 65, “Intermediate Care Facilities for Persons with Mental Illness (ICF/PMI).” DAA Changes

The adopted amendments make technical changes by removing references to Iowa Code chapter 235B, “Dependent Adult Abuse Services – Information Registry,” and replacing them with references to Iowa Code chapter 235E, “Dependent Adult Abuse in Facilities and Programs,” and to 481 – Chapter 52, “Dependent Adult Abuse in Facilities and Programs.” Iowa Code chapter 235E specifically addresses dependent adult abuse in facilities and programs regulated by the Department.

A motion was made by Jay Hansen and seconded by Diane Thomas to accept the changes. Motion carried.

- b. Chapter 54, “Governor’s Award for Quality Care,” Chapter 57, “Residential Care Facilities,” Chapter 58, “Nursing Facilities,” Chapter 62, “Residential Care Facilities for Person with Mental Illness

(RCF/PMI),” Chapter 63, “Residential Care Facilities for the Intellectually Disabled,” Chapter 64, “Intermediate Care Facilities for the Intellectually Disabled,” and Chapter 65, “Intermediate Care Facilities for Person with Mental Illness (ICF/PMI).” RAC Committee Changes

The amendments, which are technical, delete references to the resident advocate committee of a health care facility. Resident advocate committees with oversight by the state office of the long-term care ombudsman are no longer in existence, having been repealed by 2013 Iowa Acts, Senate File 184, and replaced with the certified volunteer long-term care ombudsman program established in Iowa Code section 231.45 as amended by 2013 Iowa Acts, Senate File 184. In addition, the technical amendments remove references to resident advocate committees and the state office fo the long-term care ombudsman for Chapter 62, 63, 64 and 65 of the Department’s rules. These chapters regulate facilities primarily serving persons with mental illness or intellectual disabilities, which, pursuant to Iowa Code section 231.42(2)(a), the state office of the long-term care ombudsman does not serve.

A motion was made by Tonya Gray and seconded by Kenneth Wayne to accept the amendments. Motion carried.

## 2. Notice of Intended Action

### a. Chapter 51, “Hospitals” CIHQ

The purpose of the proposed amendments is to add the Center for Improvement in Healthcare Quality (CIHQ) to the list of hospital accreditation organizations. Current rules specify three accreditation organizations, the Joint Commission, the American Osteopathic Association, and Det Norske Veritas. The CIHQ was recently approved by the federal Centers for Medicare & Medicaid Services (CMS) as a hospital accreditation organization.

### b. Chapter 51, “Hospitals” Hospital Background Check

The amendments implement legislative changes, including Senate File 347, to Iowa Code section 135B.34, which requires hospitals to conduct criminal record checks and child abuse and dependent adult abuse record checks of prospective employees.

## III. Substance Abuse

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

Jay Hansen

The committee approved 3 three year licenses, 2 two year licenses, 2-270 day licenses, and 1 deemed status. There were no complaints.

#### **IV. Department Reports**

##### **A. Director's Information - Director Miller-Meeks**

There was not much impact to the Department because of the shutdown, except for with WIC. No one was denied any benefits or checks.

The ten essential health benefits that have to be covered in the marketplace and Medicaid are ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services including oral and vision care. This was on our mind when creating IDPH's Strategic Plan. The Iowa Health Information Network currently has Henry County Hospital fully on board and operational. We are currently exchanging information with Illinois, Kansas, and Nebraska.

Tomorrow is National Rural Health Day Proclamation signing with Governor Branstad.

Michelle will discuss SBIRT later on the agenda. For over a year now we have had a national guardsman in the department helping with the program.

The Governor has an initiative for Home Based Iowa to help veteran's get employment in Iowa. IDPH is engaged in the program due to all the licensing we do within the department.

The environmental health tracking portal has been very well received so far.

Thank you for participating in the Healthiest State Walk!

##### **B. Staff Reports**

###### **1. Iowa Health Update – Dr. Quinlisk**

We have been receiving a lot of request from people doing public health research. We are working closely with Heather Adams on the criteria and procedure of releasing data. Many of our programs gather data that is confidential.

We have had a sporadic flu so far in Iowa. We have H1N1, H3N2, and B around Iowa. We are recommending everyone get a flu shot this year. We have more people this year getting vaccinated. Usually our peak occurs in mid to late January.

West Nile is on its way out as it gets colder! We had 42 human cases this year. This year was relatively similar to last year.

Cyclospora is over. We are finalizing our report with Nebraska, and plan to submit for publication.

Cryptosporidia has gone down as pools have closed. We have had a few cases for drinking unpasteurized apple cider. We recommend buying pasteurized or heating up the cider.

We have had three infant botulism cases in Iowa. The children have survived. We have done investigations, but there has not been a source found.

We have seen increased cases of walking pneumonia. There may be some drug resistance spreading among young adults.

## 2. SBIRT – Michele Tilotta

SBIRT is Screening, Brief Intervention and Referral to Treatment and is a five-year 7.5 million dollar grant awarded to IDPH and funded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment. We are beginning our second year on the grant. SBIRT is an evidenced-based practice used to identify, reduce, and prevent risky use, abuse, and dependence on alcohol and drugs.

The core components of SBIRT include Screening, Brief Intervention, Brief treatment and Referral to treatment. Screening is a quick and simple way of identifying patients who use substances at risk or hazardous levels. Iowa SBIRT uses a two question pre-screener and dependent on scoring, further assessment using the AUDIT and the DAST-10. Screening tools provide specific information and feedback to the patient related to their substance use. Brief Intervention is a single 3-5 minute intervention which focuses on changing a patient's behavior. It is most effective with at-risk clients who are not addicted and provides the patient with personalized feedback showing concern for their use. Patients are provided information connecting their alcohol or drug use with a medical concern, given information about their assessment score, advised to reduce or abstain from substance use, encouraged to set goals, and taught skills or provided with a referral for further care. Brief treatments are more intensive interventions usually lasting 20-30 minutes and can include multiple sessions. Referral to treatment is a more advanced treatment option and consists of helping patients access specialized addiction treatment.

## **V. Old Business**

## **VI. New Business**

Karen Woltman asked to discuss Fluoroscopy. We had forwarded a letter to Board members from the Iowa Society of Anesthesiologists about the supervision of fluoroscopy by advanced

nurse practitioners or certified nurse anesthetists. It is asking the Board of Health to ensure that this is being done in accordance with the rulings by the Court. We ask you to review the letter and it will be put on the agenda for the next meeting. Heather can review the history at the next meeting.

**VII. Next Meeting**

The next Board of Health meeting is January 8, 2014.

**VIII. Adjournment**

Jay Hansen made a motion to adjourn. Kenneth Wayne seconded. Motion carried.

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