

IDPH Legislative Update
Iowa Department of Public Health
January 30, 2012

[The Third Week](#)

The following are some highlights from the third week of the 2012 Session.

[IDPH Legislative Package Update](#)

- **Senate Subcommittee on the IHIN Bill.** The first subcommittee on the department's e-Health/Iowa Health Information Network (IHIN) legislation, [Senate Study Bill \(SSB\) 3056](#), was held on Thursday, January 26. It has been assigned to the Senate Human Resources Committee and to a subcommittee of Senators [Jack Hatch](#) (chair), [Amanda Ragan](#), and [Jim Seymour](#). Many of the stakeholders were represented in the audience and several great questions were asked. IDPH will provide more clarification and information to the subcommittee members who indicated they will recommend passage to the standing human resources committee pending the receipt of this information. It may be as early as next week that the bill is considered by this committee. The Senators thanked all of the stakeholders involved for their hard work in making this legislation a beneficial product!
- **IHIN Bill Introduced in the House!** Our e-Health/IHIN legislation has been introduced in the House as [House Study Bill \(HSB\) 561](#). It has been assigned to the House Human Resources Committee and to a subcommittee of Representatives [Linda Miller](#) (chair), [Joel Fry](#), and [Mark Smith](#). There is a subcommittee on the bill scheduled for Monday, January 30 at 4:00 p.m. in the house lobby lounge.
- Please find an attached memo that summarizes the sections the IDPH IHIN legislation.
- **Technical/Omnibus Bill Introduced in the House and Senate!** In the House, the bill number is [HSB 562](#) and has been referred to the House Human Resources Committee. It has been assigned to a subcommittee of Representatives [Ron Jorgensen](#) (chair), [Kevin Koester](#), and [Cindy Winckler](#). As of this writing, a meeting of this subcommittee has not been scheduled.

In the Senate, our bill number is [SSB 3085](#) and has been referred to the Senate Human Resources Committee. It has been assigned to a subcommittee of Senators [Joe Bolkcom](#) (chair), [Jack Hatch](#), and [David Johnson](#). As of this writing, a meeting of this subcommittee has not been scheduled.

For more information about the components of the bill, please refer to the appendices here that summarize each section. Please email me with questions and concerns about the legislation. Each chamber has indicated that they would like to have bills out of committee as soon as possible to facilitate their goal of ending session on time or earlier. We encourage any discussion ahead of meetings to better assist legislators with this goal.

- We would like to extend our appreciation and thanks to the members of the subcommittees and committees as they continue to consider our legislative proposals. To understand how a bill moves through the legislative process, click [here](#).
- **Other Committee Work.**
 - The House Human Resources Committee assigned bills to subcommittees on Monday, January 23, and listened to a presentation from Jennifer Vermeer, the state director of the Iowa Medicaid Enterprise (IME) on Wednesday, January 25. The director explained the work that is being done at IME relating to Home Health Models. The committee also voted out [HSB 511](#) and [HSB 548](#).
 - The Senate Human Resources Committee invited Director of the Department of Human Services (DHS), Chuck Palmer back for a question and answer session relating to mental health redesign on Monday, January 23.

- To view information on the members and committee information for each of these committees, click [here](#).
- The Joint Health and Human Services (HHS) Appropriations [Subcommittee](#) invited Deputy Director Gerd Clabaugh, on behalf of Dr. Miller-Meeks, and the other directors of the departments under the purview of the subcommittee to present on various aspects of each agency, on Tuesday, January 24. Deputy Director Clabaugh provided an overview of the IDPH budget and governor's recommendations. The subcommittee also heard testimony on mental health redesign from DHS Director Chuck Palmer and Rick Shults, administrator for the Mental Health and Disability Services Division on Thursday, January 26.
- For documents and handouts for this subcommittee, please click [here](#).

[Bill Subcommittee Highlights](#)

- [HF 2067](#). A house subcommittee was held on Thursday, January 26 on HF 2067. This bill relates to the transmission and recording of certain death certificates. It requires that when a person dies outside their county of residence, the state registrar must send either a paper copy or electronic copy to the county of residence. IDPH houses the [Bureau of Vital Statistics](#) and would be the entity responsible for transmitting these specific death certificates to each county. IDPH is, of course, neutral on this legislation and there is only minimal fiscal impact to the bureau, however, it is important to provide education on some unintended consequences. The main points for consideration are as follows:
 - It will require the registration and maintenance of three copies of approximately 4,000 death records annually; one copy filed with the state, one copy filed in the county where the death occurred, and one copy filed in the county of residence. This may compromise the integrity of the vital records system by increasing the potential for fraud and the issuance of an incorrect record. Currently, all corrections are made at IDPH and corrected copies are sent to the county. This legislation will require staff to send the corrections to two counties instead of only the county of occurrence which increases the effort to maintain complete and accurate records.
 - As IDPH moves forward with implementation of an [electronic death registration system](#), Iowa will have one record maintained by one office. Counties will have electronic access to all of the records maintained in the state database as the new and historical records are added. This effort will increase the integrity of the records maintained by the state. Federal agencies will be able to rely on Iowa death records for adjudication of any number of claims for benefits or the termination of Social Security Administration benefits.

[Other Information](#)

- The IDPH 2011 Annual Report and Budget Summary has been published! This report provides audiences with general information about the many program areas that IDPH is involved in, how that work is funded, and the results that are achieved. To view the report, please click [here](#).
- The Iowa General Assembly website is a great source of legislative information. The address is www.legis.iowa.gov. It's easy to find your legislator, get information on committee members, view photos of legislators, and access bills. Please take some time to check it out.
- Did you know you can listen to the chamber floor debates? Click [here](#) for more information. To view the daily debate calendars for each chamber, click on the home page link in the paragraph above and then click on the "Tentative Senate Debate Calendar" or "Tentative House Debate Calendar" above the senate and house floor action windows.

[Information on the Legislative Update](#)

The Legislative Update is also posted on the IDPH website at www.idph.state.ia.us/newsletters.asp. To subscribe to the IDPH Legislative Update, please send a blank email to join-IDPHLEGUPDATE@lists.ia.gov.



Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Memorandum

To: Iowa General Assembly
Fr: Iowa Department of Public Health
Re: IDPH 2012 Iowa Health Information Network (e-Health) Legislative Components
Date: January 25, 2012

This bill provides for the creation of a statewide health information network referred to as the Iowa Health Information Network (IHIN). The bill also provides for components that are critical to its development and operation.

Section 1. Defines key terms used in the bill.

Sections 2 and 3. Technical change to replace “health information system” with “Iowa Health Information Network.”

This more accurately reflects the name of the infrastructure project that is created in this bill. A definition is located under Section 1 of this bill. This change will occur in several locations in this legislation.

Section 4. Findings and Intent

Describes the importance of health information technology in achieving a healthier Iowa through improvements in clinical outcomes and patient safety, population health, access to and quality of health care, and efficiency in health care delivery. This section establishes a statewide health information network to allow the secure exchange of clinical information between authorized participants. It is clarified that the IHIN is not a health benefit network or a health insurance network and that the establishment of the IHIN does not prohibit regional and local information networks from operating in the state.

Sections 5 through 9. Technical change to conform to other sections of the Iowa Code and to replace “health information system” with “Iowa Health Information Network.”

Section 10. Financial Sustainability and Participant Fees

Authorizes the collection of participant fees as determined by the Iowa State Board of Health, with support of the Department and the advice of the Iowa e-Health Executive Committee and Advisory Council, for the operation and sustainability of the IHIN. The IHIN shall be financed by participants based on the Business and Financial Sustainability Plan* approved by the Executive Committee and the State Board of Health as submitted to the General Assembly on December 1, 2011. The financial model, fee schedule, revenue and expense projections, and budget for the IHIN is required to be updated and submitted for approval annually by the Executive Committee and the State Board of Health.

Section 11. Department Responsibilities

Authorizes the Iowa Department of Public Health (IDPH) to carry out the day-to-day business and operations of the IHIN as approved by the Iowa State Board of Health.

Section 12. Iowa Health Information Network Fund

A separate fund will be created within the state treasury where all fees collected and revenues arising from the operation and administration of the IHIN shall be deposited. Monies in the fund shall only be expended on activities and operations of the IHIN, subject to State Board of Health approval. Monies in the fund shall not revert at the end of the fiscal year, and shall be subject to financial and compliance audits by the Iowa Auditor of State.

Section 13. Technical Infrastructure

Provides the mechanism to facilitate and support the secure exchange of electronic health information. The IHIN will not function as a central repository of all health information. The bill clarifies that there will be a way for participants without an electronic health records system to access health information from the IHIN.

Section 14. Legal and Policy

Establishes authority to develop security standards, and policies and procedures to protect the transmission and receipt of individually identifiable health information shared through the IHIN. These include: authorization and authentication controls, role-based access, a secure and traceable electronic audit system, participant and data sharing agreements, and controls over access, collection, and maintenance of health information. This section outlines a patient's choice of participation in the IHIN. Additionally, it outlines requirements for sharing information in accordance with all other laws, including HIPAA.

Section 15. Governance Review and Transition

Provides that the current governance structure will be reviewed before the end of the initial federally-funded HIE cooperative agreement period (March 2014) to determine if the IHIN should remain government-led. Recommendations will be submitted by December 1, 2013 to the General Assembly and the Governor as noted in the Business and Financial Sustainability Plan that was submitted to the General Assembly in November of 2011. If a change in governance and business operations is desired, the Department shall develop a transition plan to transfer responsibilities for the governance, business and technical operations, finance, technical infrastructure, and legal and policy.

Section 16. Effective Upon Enactment

This bill will take effect upon enactment.

*To review the Iowa e-Health Business and Financial Sustainability Plan please visit:
<http://www.iowaehealth.org/documents/plans/70.pdf>.



Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Memorandum

To: The 2012 General Assembly
Fr: Iowa Department of Public Health
Re: IDPH 2012 Omnibus/Technical Bill
Date: January 25, 2012

This bill has 34 sections that provide for changes to various programs within the Iowa Department of Public Health (IDPH).

Division I. Burial Transit Permit.

Section 1. This section adds the state registrar to the list of people who can issue a burial transit permit. Currently, the list includes the county medical examiner, a funeral director, or the county registrar of the county where the death occurred. The addition of the state registrar provides an additional place for families that choose not to use a funeral director for burial services, to obtain a permit that explains the proper transportation of a dead human body. This permit is issued only upon the presentation of a completed death certificate that includes the signature of the medical certifier.

Division II. Radiological Health.

Section 2. Two minor changes are made to align with current practices. The first strikes the Board of Podiatry from the list of licenses, certifications, and enrollment in an IDPH approved program or course of study that is considered acceptable to satisfy minimum training requirements for operators of radiation machines. The board relinquished oversight of the individuals performing podiatric radiography in 2006-2007. IDPH staff assumed maintenance of permit to practice holders and oversight of licensee's continuing education and minimum training requirements at that time.

The second change in this paragraph adds "animals" to the aforementioned list in order to allow veterinary students to be trained on how to operate radiation machines. Currently, permits are not required for students enrolled in an IDPH approved program or course of study that requires training on the use of radiation machines on humans. This change would extend the exemption to veterinary students for use on animals.

Section 3. This minor change clarifies and solidifies the fact that IDPH oversees and administers regulation of the registration and licensing of radiation machines and radioactive materials as well as the operators or users of the machines and materials.

Section 4. This change more accurately reflects the current inspection practices for radiation machines and radioactive materials. The Bureau of Radiological Health registers all of the radiation machines and radioactive materials utilized in the state but, it does not inspect all of them. This provision was added to the Iowa Code in 1984 and the technology has surpassed the initial complications at that time, making inspections of all machines and materials unnecessary and impractical.

Section 5. This change allows for persons who operate a radiation machine or use radioactive materials to provide his or her credentials upon request. Currently they are required to display them in close proximity to the machine or the materials. However, there have been reports of harassment to the qualified person when personal information was openly displayed. This provides an additional layer of personal safety for the qualified person.

Section 6. These are technical changes to the definitions of a tanning device and a tanning facility. The language for these definitions is outdated and the change resembles tanning statutes in neighboring states, specifically Minnesota.

Sections 7 and 8. These changes add subsections to the code section that relates to inspections and violations for tanning facilities and devices to be more consistent with Code Section 136C.4 (2)(3)(4) that provides for violations and penalties related to radiation machines and radioactive materials.

Division III. Board of Nursing Home Administrators.

Background: Senate File 2338 (2008 Acts) amended Iowa Code Chapter 147 to include the Board of Nursing Home Administrators. Accordingly, Chapter 155 Nursing Home Administrators has been reviewed for duplicative or inconsistent language compared to Chapters 147 and 272C. Chapters 147 and 272C provide for general provisions, continuing education, and regulation components that are relevant for all licensing boards under the Department of Public Health.

Sections 9 - 12. Technical changes to align with general licensing functions in Chapter 147.

Section 13. Technical changes to repeal Subsections 1, 2, 4, 5, 6 and 7, to align with Chapters 147 and 272C. It also adds a new Section 155.19 that appears later in the bill.

Subsection 3 of Section 155.9 is amended to repeal all language with the exception of provisions that pertain to a provisional administrator. New language is added to change “provisional administrator” to “provisional licensee.” The language clarifies the function of and maximum length of time a provisional nursing home administrator may serve, and authorizes the Board to revoke or otherwise discipline a provisional license for cause after due notice and a hearing on a charge or complaint.

Background: Currently nursing home facilities are permitted to appoint a provisional administrator for up to one year. This is in the event that a facility is without a licensed administrator for any reason. The bill creates a provisional license for the temporary replacement that limits the individual to twelve months in a lifetime. The changes also permit the board to provide disciplinary action to the individual if necessary. The board is unable to discipline provisional administrators under current law. There are no new fees or fee increases associated with this transition. The current fee for a provisional administrator is \$120.

Sections 14 and 15. Technical change to align with general continuing education requirements located in Chapter 272C for all boards and general licensing functions in Chapter 147.

Section 16. Adds a new section to be consistent with Section 147.11(2) that relates to reactivation and reinstatement of a license. The new section provides for a method for a licensee to voluntarily surrender his or her license.

Section 17. Repeals Sections 155.2, 155.15, and 155.16 that are duplicative or inconsistent with Chapter 147.

Division IV. Board of Hearing Aid Dispensers.

Sections 18-23: Senate File 2338 (2008 Acts) amended Iowa Code Chapter 147 to include the Board of Hearing Aid Dispensers. Accordingly, Chapter 154A Hearing Aids has been reviewed for duplicative or inconsistent language compared to Chapters 147 and other applicable Chapters. Chapters 147 and 272C provide for general provisions, continuing education, and regulation components that are relevant for all licensing boards under the Department of Public Health.

Division V. Local Boards of Health.

Section 24. Technical change to remove “sanitation officer” from the listed definitions relating to local boards of health. This is an outdated term that is no longer utilized.

Section 25. This change relates to the Department’s public health modernization activities and exempts the Siouxland District Health Department from provisions relating to establishment and administration of a district public health fund.

Background: Counties are permitted to form a district board of health or district health department under current law. The Siouxland District Health Department was formed under the previous version of Chapter 137 Local Boards of Health that allowed the formation of city/county districts. Chapter 137 was rewritten in 2010 to become the Local Public Health Governance Act (aka public health modernization) and Siouxland was grandfathered in as a district health department. Therefore, the new provisions relating to the formation of local districts do not apply,

specifically those relating to the fund that is required to be created by the district. Currently, Siouxland is the only district health department in Iowa.

Sections 26 and 27. This change repeals the requirement for IDPH to print and mail administrative rules to the counties. Administrative rules are easily accessible through the General Assembly's website.

Sections 28 and 29. Provides that the changes in Division V are effective upon enactment with the exception of Section 25 that is retroactively effective to July 1, 2010 upon enactment.

Division VI. Governor's Council on Physical Fitness

Sections 30 through 32. Reinstates the Governor's Council on Physical Fitness. This council was established in 2008 and was sunset as of December 31, 2011 per legislation from the 2011 session. The bill retroactively reinstates the council on January 1, 2012.

Division VII. HIV Confidentiality

Section 33. This change adds a new provision to allow medical information secured pursuant to Iowa Code Section 141A.9 to be shared with other state or federal agencies, employees or agents of the IDPH, or with local units of government. Section 141A.9 provides for regulation on the confidentiality of information for persons diagnosed with AIDS and HIV. The bill specifies that the information will only be released to the aforementioned entities if it is used for performance of duties related to HIV/AIDS prevention, disease surveillance, or care of persons with HIV/AIDS. It is required that the information that is transferred remains confidential and shall not be rereleased by the recipient.

Background: This language has been recommended by the Iowa Attorney General's Office. It is consistent with language that is currently in place for all other reportable diseases (Iowa Administrative Code 641, Chapter 175). HIV/AIDS is excluded from this section of the Iowa Administrative Code because Iowa Code Chapter 141A, that relates to HIV/AIDS, has its own section on confidentiality of data.

This change would allow the Department to conduct the following public health activities. Currently, these activities are limited or not permitted:

- Work with state health departments in other states to conduct follow up on persons who were diagnosed with HIV/AIDS in another state but eventually moved to Iowa.
- Ensure that when the partners of persons who were diagnosed in Iowa live in other states, information collected in Iowa can be used to help public health officials in those states contact those partners and inform them that they have been exposed to HIV/AIDS.
- Use reportable disease data that is collected by the Department to evaluate and improve case management and supportive service programs to help people stay in treatment so that they are no longer infectious.
- Match the HIV/AIDS surveillance registry to the National Death Index, a confidential registry maintained by the U.S. Centers for Disease Control and Prevention, to improve the accuracy of the surveillance data by indicating correct dates of death for persons who died out of state. There is currently no mechanism to collect this information on persons that have died out of state. This helps the department know the exact number of persons impacted by HIV/AIDS and where resources for prevention and care should be directed.

These changes will not allow for identification of individuals with HIV/AIDS by anyone who is not a trained public health official carrying out his or her official duties related to HIV/AIDS prevention, disease reporting, or care. Strict regulations in Iowa Code 141A on the release of data are still in place to ensure that no person may be identified, except for these limited public health activities.

Division VIII. Repeal of Reporting Requirements

Section 34. Repeals the reporting requirement for hospitals and nursing facilities that are recognized by the federal Internal Revenue Code as a nonprofit organization or entity, to annually submit a copy of their IRS form 990 to the IDPH and the Legislative Services Agency.

This will alleviate the administrative burden on those organizations that should have their information publically available on websites such as Guidestar.org.