

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

**AGENDA**  
**IOWA STATE BOARD OF HEALTH**  
**SEPTEMBER 11, 2013 – 10:00 A.M.**  
**STATE HYGIENIC LABORATORY**  
**UNIVERSITY OF IOWA RESEARCH PARK**  
**2490 CROSSPARK ROAD**  
**CORALVILLE, IA 52241**

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 July 10, 2013 Minutes

Karen Woltman made a motion to accept the July 10, 2013 meeting minutes. Cheryl Straub-Morarend seconded. Motion carried.

**II. Rules**

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

1. Adopted and Filed

a) Chapter 95, "Vital Records: General Administration"

The rules in Chapter 95 describe the general administration of vital records including definitions, fees, the handling of records, access to records, issuance of certified copies and confidentiality. These amendments increase certain fees related to vital records beginning January 1, 2014. These fees will revert back to current levels beginning July 1, 2019. The additional moneys generated by this time-limited fee increase will support the development and implementation of the Iowa Vital Events System. This includes the electronic registration and issuance of new events and the conversion of historical events into one system to manage the Civil Registry and health data collected and managed by the Department.

A motion was made by Diane Thomas and seconded by Jay Hansen to accept Chapter 95. Motion carried.

b) Chapter 96, "Birth Registration," and Chapter 99, "Vital Records Modifications"

The rules in Chapter 96 describe the responsibilities and process for the registration of births. The proposed amendments in Chapter 96 institute a process for establishing parentage on the birth certificate for married lesbian couples when one of the parties to the marriage delivers a child.

A motion was made to accept the rule changes to Chapter 96 and 99 by Jay Hansen and seconded by Ron Abons. Motion carried.

- c) Chapter 134, “Trauma Care Facility Categorization and Verification”  
The rules in Chapter 134 describe the process and standards for the categorization and verification of hospitals and emergency care facilities as trauma care facilities. These amendments amend the definition of emergency medical care provider by referencing the definition found in 641 – 131.1 (147A). These amendments also update the reference to the “Iowa Trauma System Regional (Level II) Hospital and Emergency Care Facilities Categorization Criteria”; the “Iowa Trauma System Community (Level IV) Hospital and Emergency Care Facility Categorization Criteria” documents to the 2013 editions.

A motion was made by Ted George and seconded by Cheryl Straub-Morarend to accept the changes to Chapter 134. Motion carried.

- d) Chapter 135, “Trauma Triage and Transfer Protocols”  
The rules in Chapter 135 establish the out-of-hospital trauma triage destination decision and the intertrauma care facility triage and transfer protocols. These amendments update the references to “Out-of-Hospital Trauma Triage Destination Decision Protocol” (Adult and Pediatric) documents to the 2013 editions and rescind the references to “Inter-Trauma Care Facility Triage and Transfer Protocol” (August 1996).

A motion was made by Tonya Gray and seconded by Diane Thomas to accept Chapter 135. Motion carried.

- e) Chapter 137, “Trauma Education and Training”  
The rules in Chapter 137 describe trauma education and training for Iowa’s trauma system. These amendments clarify the trauma education and training requirements and replace the existing tables with written requirements.

A motion was made by Ted George and seconded by Jay Hansen to accept Chapter 137. Motion carried.

2. Notice of termination

a) Chapter 28, “Plumbing and Mechanical systems Board – Licensure Fees”

The Notice proposed to amend Chapter 28 by identifying the fees associated with apprentice, journey and master licenses, medical gas piping certificates, inactive licenses, contractor licenses, and specialty licenses. In addition, the Notice proposed all licenses are issued for a period of three years and until June 29, 2017, those renewing for less than three years would have their license fees prorated using a one-sixth deduction for each six-month period. Late fees and requirements for lapsed licenses were also included. A fee for converting an HVAC-refrigeration or hydronics license to a mechanical license was also included.

3. Notice of Intended Action

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 proposed new chapter 11 rules implement changes that have been made to Iowa Code 141A and 139A, 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 to the Code changes, the rules clarify and add detail to consent procedures for HIV testing. They also update references and Code citations, and change the method of calculating income for eligibility for the AIDS Drug Assistance Program to conform to methodology used by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services.

b) Chapter 28, “Plumbing and Mechanical Systems Board – Licensure Fees”

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 proposed amendments identify the licensee fees associated with apprentice, journey, master, medical gas piping certificate, inactive license, contractor, and specialty licenses. The fees are applicable to initial licenses, reciprocal licenses, and renewal licenses. In addition, all licenses are issued for a period of three years and until June 29, 2017, those renewing for less than three years will be prorated using a one-sixth deduction for each six-month period. Late fees and requirements for

lapsed licenses are also included. A fee for converting an HVAC-refrigeration or hydronics license to a mechanical license is also included.

c) Chapter 93, “Abuse Education Review Panel”

These proposed amendments are necessary to implement 2013 Iowa Acts, Senate File 396, section 49. This section of the Senate File strikes the language which established an abuse education review panel and makes the review and approval of mandatory reporter training curricula a duty of the department.

d) Chapter 138, “Trauma System Evaluation Quality Improvement Committee”

The rules in Chapter 138 describe the make-up and duties of the trauma system evaluation quality improvement committee. 2013 Iowa Acts, Senate File 396 was signed by the Governor on June 20, 2013. One of the provisions of this bill was to repeal the system evaluation quality improvement committee or SEQIC. This proposed amendment rescinds the Iowa Administrative Code Chapter that pertains to SEQIC. The duties of SEQIC will be assigned to the trauma system advisory council or TSAC.

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

1. Adopted and Filed

a) Chapter 56, “Fining and Citations”

The rulemaking describes the process for the informal conference on a contested citation issued to a facility licensed pursuant to Iowa Code chapter 135C, which is provided for in Iowa Code section 135C.42, and incorporates legislative changes made by 2013 Iowa Acts, Senate File 394.

A motion was made by Jay Hansen and seconded by Diane Thomas to accept Chapter 56. Motion carried.

b) Chapter 58, “Nursing Facilities”

Effective with services furnished on or after January 1, 2011, Section 1814(a)(2) of the federal Social Security Act, which was amended by Section 3108 of the federal Affordable Care Act, authorizes physician assistants who are not employed by the facility to perform skilled nursing facility level of care certifications and recertifications. This rulemaking adopts the federal law in order to maintain consistency between federal regulations and state rules.

A motion was made by Diane Thomas and seconded by Ted George to accept Chapter 58. Motion carried.

- c) 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,” and Chapter 65, “Intermediate Care Facilities for Persons with Mental Illness (ICF/PMI).”

Currently, Iowa Code chapter 155A, Iowa Administrative Code rule 657 – 8.32(124, 155A), and 2013 Iowa Acts, Senate File 353, give pharmacists some authority to administer certain immunizations. The Department’s rules limit the administration of injectable medications to qualified nurses or physicians. The proposed amendments allow pharmacists to administer injectable medications as permitted by Iowa law.

A motion was made by Tonya Gray and seconded by Ted George to accept the rule change. Motion carried.

## 2. Notice of Intended Action

- a) Chapter 54, “Governor’s Award for Quality Care,” 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).” The proposed amendments are technical, and delete references to the resident advocate committee at 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 Acts, SF184, and replaced with the certified volunteer long-term care ombudsman program established in Iowa Code section 231.45. In addition, the technical amendments remove references to resident advocate committees and the state office of the long-term care ombudsman from Administrative Code chapter 481 – 62, 481 – 63, 481 – 64 and 481 – 65. These chapters regulate facilities primarily serving persons with mental illness or intellectual disabilities, which the state office of the long-term care ombudsman does not serve, pursuant to Iowa Code section 231.42(2)(a).
- b) 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).”

These 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 481 – chapter 52, “Dependent Adult Abuse in Facilities and Programs.” Chapter 235E specifically addresses dependent adult abuse in facilities and programs regulated by the department.

### **III. Substance Abuse**

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

Jay Hansen

Michael Wolnerman has been added to the Committee. Jay Hansen recommended that the name of the committee should be changed to Substance Abuse Disorder committee. Over the past two months, we have approved 2 three-year licenses, 2 two-year licenses, 1 one-year licenses, 2 270-day licenses, 4 deemed status licenses, and 1 denial. There were no complaints.

Iowa was visited by CSAT to review for the block grant. They had a few recommendations, but overall were impressed.

There are going to be a number of listening posts for the block grant to deal with the change in funding. Iowa is also involved in SBIRT, which brings screening to primary care. The SIM has been represented by the Department, and they should have recommendations soon.

### **IV. Department Reports**

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

The Health Information Network has Henry County Hospital, Genesis, United Point and University of Iowa Hospitals and Clinics using the system soon.

The Iowa Public Health tracking is being unveiled in-house, and soon we will have the data accessible to the public. There will be opportunities for research as well.

Our SBIRT(Screening brief intervention referral to treatment) program is unique because we have National Guard within the Department. We are a model state in that regard.

SIM (State innovation model) is Medicaid attempting to create accountable care organizations. There are currently 5 in Iowa. There are five workgroups, and we have public health represented on all the workgroups.

We were at the State Fair this year for a day with the Healthiest State booth. We were taking blood pressures and getting information out about the Quitline nicotine replacement therapy. We think it was very productive, and will try to have a booth every day next year.

The Healthiest State Walk will be on October 9<sup>th</sup>.

1. IDPH Strategic Plan

This is an operational plan with the goal to look at the environment going forward. We wanted to strengthen IDPH's core services, which would be critical services that IDPH provides. We want to cultivate a process of quality improvement. The Affordable Care Act has a huge impact on Public Health. As we look forward as there is a shift in the healthcare delivery system, some funding will be reduced to the Department.

With Julie McMahon's retirement, we looked to the Strategic Plan, and instead of replacing Julie, we moved some of Gerd Clabaugh's division to Ken Sharp. And we used this as an opportunity to de-silo. We reduced to 5 divisions and will have some name changes of divisions. We think we can have more impact if we have less silos.

B. Staff Reports

1. Iowa Health Update – Dr. Quinlisk

Cyclospora has been our biggest issue this summer. On June 28<sup>th</sup> the Hygienic lab found the first case of Cyclospora in Iowa. Shortly after Nebraska found an outbreak as well. We had about 154 cases total. This illness can last a couple months. The outbreak was traced back to a premixed salad at two restaurant chains.

We also had Cryptosporidium this summer, which is generally spread through public pools. We are seeing fewer cases now that school has started. There was a minor salmonella outbreak from poultry products. The last thing we had this summer was a woman who purchased a tapeworm to lose weight off the internet and consumed it. Obviously this is not recommended.

West Nile season will begin soon. It looks like it will be a typical year because of the dry weather. Lastly, there will be a quadrivalent flu vaccine this year. There will be two A's and two B's.

**V. Old Business**

**VI. New Business**

**VII. Next Meeting**

November 13, 2013

**VIII. Adjournment**

Cheryl Straub-Morarend made a motion to adjourn. Tonya Gray seconded. Motion carried.

A. Tour of the Hygienic Lab

All meetings held by the Iowa Department of Public Health are accessible to everyone. If you have special needs to participate, please call deaf Relay (Hearing or Speech Impaired) 1-800-735-2941; Internet: [www.idph.state.ia.us](http://www.idph.state.ia.us)