

MINUTES

IOWA STATE BOARD OF HEALTH
March 12, 2008 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.

ROLL CALL

Present:

Gregory Garvin
Jay Hansen
Cheryll Jones
Edward Maier
Hattie Middleton
Justine Morton
Rahul Parsa
Kourtne Shanahan Powell
John Stamler
Rowe Winecoff

Absent:

I. Minutes

A motion by Edward Maier and seconded by John Stamler to approve the January 9, 2008 Board of Health minutes carried unanimously

II. Department Reports

A. Director's Information – Tom Newton

Director Newton reported that his trip to Washington, DC had been postponed due to the Legislature reviewing the Department's budget again and also because of major legislation being considered that would impact the Department.

Director Newton informed the BOH about the confirmation issues he's experienced. Republican Senators' concerns seem to be focused around the smoke free advertisements paid for by the department this fall and winter. He told the Board he has been talking with the Senate Republicans about their concerns, listening to their questions, and answering any questions they have related to the ads or his nomination.

Director Newton updated the Board on the Healthcare Reform Bill that the House passed yesterday. This is the companion bill to the one in the Senate. The House version had at least 10 divisions, with significant portions that would be coming to IDPH; including Medical Home, Chronic Disease Management and Electronic Medical Records. There also was a piece added to it that would deal with Community Wellness Projects, an item in the Governor's budget.

Director Newton also told the Board that Diane Kolmer decided to resign from the Board. The Governor's Office is actively looking for her replacement.

B. Staff Reports

1. Infection Disease Report – Dr. Quinlisk

Dr. Quinlisk reported that there was nothing new concerning MRSA. We are still getting inquiries from both schools and the prison system, as there still are concerns about these types of infections.

There have been questions received about the letter and the brochures on HIV testing. This was due to the state Legislature changing the law last year which was intended to clarify the law on testing. States are recommending testing for people with risk factors which are now outlined by the law. All health care providers are required by law to offer HIV testing to those individuals. CDC did change their guidelines for HIV guidelines for states. Testing is being recommended if the state prevalence of undiagnosed HIV is greater than 1 per 1,000. Each provider needs to decide if the new CDC guidelines apply to them. Dr. Quinlisk suggested clarifying the guidelines during the Friday update on the Department's Web site.

Dr. Quinlisk updated the Board on influenza in the state. Influenza peaked last week and should now be going down. There was a cluster of young children who died of possible respiratory viruses that we are investigating. Our biggest concern was with the speed in which children's health decreased. Unfortunately it may just be a bad year for children with upper respiratory viruses. Next year the Department plans to do more education with both the public and parents prior to the respiratory virus season.

2. Legislative Update – Lynh Patterson

Lynh Patterson was not available for comment. She had planned to do an update on the state wide smoking ban as well as the Health Care Reform legislation that was going through both the House and the Senate. Both of these items have been covered in her weekly update.

3. Annual Report and Strategic Planning – Jonn Durbin

Jonn presented a brief overview of the 2007 Annual Report. The Department is trying to give a more extensive profile to each of our programs. We are trying to create a more comprehensive and interactive planning process to everything you want to know about a program (i.e., What they do, why they do it, how they do it, how much money does it take to do it, and how do you know when they are successful). We're trying to take an interactive approach to planning and make it easier for people to see what IDPH and public health in Iowa does to improve the health of Iowans by promotion and protection.

Jonn also gave an overview of the Web page he's been working on for the Department highlighting the links to 1) Strategic Planning Framework, 2) Vision, Mission & Guiding Principals, 3) Goals & Strategies, and 4) Program Profiles and how they interlink with each other. He has worked with each of the programs within the Department to build this Web page. It currently is only available through the Department's Intranet Web site but should be available on the Internet within the year.

4. Co-Occurring Academy: What they are doing – Kathy Stone

Kathy gave the BOH an update on the activities of the Co-Occurring Academy and an update where they are now. The IDPH convened the Co-Occurring Academy in 2005 by pulling together a broad range of specialists that were interested in putting together a state plan to address integrated services with mental health and substance abuse.

The Co-Occurring Academy established their business plan around their Vision Statement, “Every Iowan will have access to integrated mental health and substance abuse resources that are responsive to their hopes and needs.” They felt as the stakeholder group they wanted to insure people not only got the services that they needed but also insure that recovery was possible, because recovery is the goal for people with both mental health and substance abuse disorders. The Academy established “no wrong door;” meaning that no matter where the person touched the system they would receive a comprehensive assessment.

There were parallel activities going on as well. During the 2007 legislative session, DHS received a legislative directive to transform the state’s mental health system. In the process DHS was to collaborate with IDPH in terms of integrated services for co-occurring services.

Last month they implemented “Access to Recovery,” which is federally funded project which enables providers to pay for barriers to treatment that people have needed for many years but they couldn’t receive (i.e., paying for childcare or transportation).

III. Old Business

A. Public Health Redesign Standards - Cheryll Jones

Cheryll reviewed the need for SBOH to endorse the Public Health Redesign Standards. She reiterated that when the National Standards do become effective, if we had solid standards in place within the state that are working, we then could possibility keep those standards.

A motion was made by Rahul Parsa to endorse Public Health Redesign Standards and seconded by Edward Maier: motion carried unanimously.

B. Discuss structure, frequency, length and time of the BOH Meetings – Cheryll Jones

The Board discussed the structure, frequency, length and time of the BOH Meetings. It was decided that the Rules (including Substance Abuse) be moved to follow the Approval of the minutes. This would allow guests to better calculate the time they were to speak.

It was decided that we might consider an extended BOH meeting in July or September. Lynh Patterson might be best able to give us insight on when this would be most effective. The Board decided to request each presenter for the *Department Reports* to establish the amount of time their report will take to better keep us on time.

IV. New Business

A. Discussion – Members representing BOH on other committees – Cheryll Jones

It was reported that Rowe Winecoff represents the board on the Iowa Board of Certification (IBC), Rahul Parsa represents the board on the 1) Iowa Maternal and Child Health and 2) Iowa Collaborative Safety Net Provider Network, and Cheryl Jones represents the board in the official capacity of the BOH on 1) Safety Net Leadership Group, and 2) Governor’s Nursing Task Force.

V. Rules

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

1. Adopted and Filed

a) [Chapter 11](#), “Acquired Immune Deficiency Syndrome (AIDS)”

This amendment expands eligibility for the AIDS Drug Assistance Program (ADAP) by adding a work-related deduction to the income criteria. This

amendment was adopted and filed emergency in January. At the same time, the amendment was filed as notice of intended action to allow public comment. No public comment was received. A motion made by Justine Morton and seconded by Rahul Parsa to adopt and file this amendment to Chapter 11 carried unanimously

2. **Notice of Intended Action**

- a) **Chapter 38, “General Provision of Radiation Machines and Radioactive Materials,” Chapter 39, “Registration of Radiation Machine Facilities, Licensure of Radioactive Materials and Transportation of Radioactive Materials,” Chapter 40, “Standards for Protection Against Radiation,” Chapter 41, “Safety Requirements for the Use of Radiation Machine and Certain Uses of Radioactive Materials,” Chapter 41, “Minimum Certification Standards for Radioactive Materials,” Chapter 42, “Minimum Certification Standards for Diagnostic Radiographers, Nuclear Medicine Technologists, and Radiation Therapists,” Chapter 44, “Minimum Requirements for Radon Mitigation,” and Chapter 46, “Minimum Requirements for Tanning Facilities.”**

These proposed amendments are primarily clean-up language for these chapters. These chapters are amended at least annually to assure they are in compliance with current federal regulations and requirements.

- b) **Chapter 82, “Office of Multicultural Health”**

The proposed rules in Chapter 82 describe the purpose and responsibilities of the office of multicultural health. The rules further describe the membership, duties, and meeting procedures for the Multicultural Health Advisory Council.

- c) **Chapter 131, “Emergency Medical Services Provider Education/Training/Certification”**

These proposed amendments clarify the certification testing process and fees, adopt a clear process for those wishing to move to a lower level of certification, set a time frame for notification of address changes, establish a process to renew for those meeting National Registry of EMT re-registration requirements, update the authorization standards for EMS training programs and update disciplinary rules for providers and training programs.

B. Department of Inspection and Appeals [481] – Jay Bennett and Dean Learner

1. **Adopted and Filed**

- a) **Chapter 51, “Hospitals”**

The proposed amendment corrects an omission from a previous administrative rule filing by striking language inconsistent with 2007 Iowa Acts, House File 528, section 1, which requires hospitals to establish procedures for the authentication of standing orders by a practitioner. Specifically, the proposed amendment strikes the sunset date contained in the Department’s administrative rules. A motion made by John Stamler and seconded by Justin Morton to adopt and file Chapter 51 carried unanimously

2. **Notices of Intended Action**

- a) **Chapter 50, “Health Care Facilities Administration”**

Pursuant to the authority of Iowa Code sections 135C.2, 135C.26 and 135C.36 the Department of Inspections and Appeals hereby gives Notice of Intended

Action to amend Chapter 50 “Health Care Facilities Administration” and Chapter 56 “Fining and Citations,” Iowa Administrative Code and to allow for a public comment period.

VI. Substance Abuse

A. Licensure Abuse Licensure – Jeff Gronstal

1. Three (3), Two (2) and One (1) Year

A motion made by Rahul Parsa, seconded by Justin Morton to approve a license for a period of three (3) years to Lloyd’s Counseling, Inc., Des Moines, Iowa, license effective September 14, 2007 to September 14, 2010, to Area Substance Abuse Program of Iowa City, Iowa City, Iowa, license effective September 15, 2007 to September 15, 2010, to Center for Interpersonal Effectiveness, P.C., Ankeny, Iowa, license effective December 8, 2007 to December 8, 2010, and approve a license for a period of two (2) years to Addiction Management Systems, Inc., Eldora, Iowa, license effective August, 19, 2007 to August 19, 2009, to A1 Addictions Recovery Center, Adel, Iowa, license effective August 4, 2007 to August 4, 2009, and approve a license for a period of one (1) year to Boone County Community Services, Boone County Recovery Center, Boone, Iowa, license effective November 13, 2007 to November 13, 2008, to Action Now Chemical Dependency Treatment Services, Crossroads Mental Health Center, Creston, Iowa, license effective October 17, 2007 to October 17, 2008, carried unanimously. Rowe Winecoff abstained from voting because of interpersonal effectiveness.

2. 270 Day

a) Hope Recovery Center, LLC

A motion was made by John Stamler and seconded by Rowe Winecoff to approve a license for a period of 270 days for Hope Recovery Center, LLC, Atlantic, Iowa, license effective March 12, 2008 to December 12, 2008; motion carried unanimously.

b) Lifeline Recovery at Lifeline Resources, LLC

A motion was made by Rowe Winecoff and seconded by Rahul Parsa, to approve a license for a period of 270 days for Lifeline Recovery at Lifeline Resources, LLC, Des Moines, Iowa, license effective March 12, 2008 to December 12, 2008: motion carried unanimously.

3. Denial

a) Ingram Counseling Practice

A motion made by John Stamler and seconded by Gregory Garvin that the Iowa Board of Health propose to refuse to renew the license of Ingram Counseling Practice, Sioux City, Iowa in accordance with Iowa Administrative Code 641-155.11(1) carried unanimously.

B. Deemed Status

1. Sedlacek Treatment Center

A motion made by Jay Hansen and seconded by John Stamler to issue a license through deemed status to Sedlacek Treatment Center, Cedar Rapids, Iowa, based on the accreditation survey conducted and accreditation awarded by The Joint Commission, effective April 23, 2007 to April 23, 2010; motion carried unanimously.

VII. Next Meeting

A. Items for May 14, 2008 Agenda

There were no special requests for agenda items.

VIII. Adjournment

At 12:18 PM a motion made by John Stamler and seconded by Gregory Garvin to adjourn the meeting carried unanimously.

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

Ramona Cooper
Recording Secretary
Iowa Department of Public Health