

**Minutes**  
**IOWA STATE BOARD OF HEALTH**  
**JANUARY 8, 2014 – 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**

Members Present

Ted George, Vice Chair  
Tonya Gray  
Jay Hansen  
Cheryl Straub-Morarend – (call)  
Norman Pawlewski  
Ron Abrons  
Maggie Tinsman – (call)  
Diane Thomas – (call)  
Michael Wolnernman, Chair  
Karen Woltman

Members Absent

Kenneth Wayne

Other Attendees:

Heather Adams, Assistant AG.  
Mariannette Miller-Meeks  
Natalie Ginty, Acting Recording Sec.

**I. Minutes**

A. Approval of November 13, 2013 Minutes

Ted George made a motion to accept the November 13, 2013 minutes. Jay Hansen seconded. Motion carried.

**II. Rules**

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

1. Adopted and Filed

a. Chapter 28, “Plumbing and Mechanical Systems Boards – 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 HHVAC-refrigeration or hydronics license to a mechanical license is also included. Ron Abrons made a motion to accept Chapter 28, and Tonya Gray seconded. Motion carried.

b. Chapter 93, “Abuse Education Review Panel”

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

Norman Pawlewski made a motion to accept Chapter 93, and Ted George seconded. Motion carried.

2. Notice of Intended Action

a. Chapter 41, “Safety Requirements for the Use of Radiation Machines and Certain Uses of Radioactive Materials”

These proposed amendments expand soft copy review workstations requirements to allow for the use of workstations that meet an additional criteria of being cleared by the United States Food and Drug Administration 510K process with an intended use for digital mammography; expand the initial new modality training requirements for physicians to allow the use of training provided by a vendor manufacturing new modality equipment; adjust wording from “full field digital mammography” to “new mammographic modality” to be consistent with the multiple modalities for which physicians may need to obtain training; remove reference to outdated film screen technology and adds reference to require adherence to quality control procedures outline by new stereotactic breast biopsy equipment manufacturers. The proposed amendments will better match industry practices for training, equipment requirements and quality control tests. These changes will maintain the protection of public health while reducing burden on the regulated community.

b. Chapter 52, “Child Vision Screening Rules”

The 85<sup>th</sup> General Assembly, in Senate File 419, established a vision screening requirement for children enrolled in a public or accredited nonpublic elementary school and directed the department to adopt rules necessary to administer vision screening. These proposed rules describe the vision screening requirement for children enrolling in kindergarten and third grade. The rules specify the procedures that constitute a vision screening, who can conduct a screening and prescribe reporting requirements.

- c. 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.
- d. Chapter 127, “County Medical Examiners”

The Department does not have funding to reimburse Iowa counties for county medical examiner expenses/autopsies ordered on decedents who were brought into Iowa for emergency medical treatment. These proposed amendments direct counties to submit such requests for reimbursement directly to the state appeals board for review and processing. This will make processing of such claims more efficient, streamlined and customer-friendly. Also, no funding has been allocated to IDPH for reimbursement for autopsies on cases where SIDS was the cause of death. Therefore the proposed amendment rescinds the paragraph indicating reimbursement is available.
- e. Chapter 131, “Emergency Medical Services – Provider Education/Training/Certification” and Chapter 132, “Emergency Medical Service – Service Program Authorization”

The rules in Chapter 131 describe the standards for the education, training, and certification of emergency medical providers and establish a standard of conduct for training programs, students, and providers. The rules in Chapter 132 describe the standards for the authorization of EMS services. These proposed amendments update the reference to the Iowa EMS Scope of Practice document to the most recent edition, April 2013.
- f. Chapter 206, “Iowa Health Information Network”

The proposed chapter will identify the procedure by which the IHIN policies and procedures are developed and approved with the input from workgroup members and oversight of the Executive Committee and approval of the State Board of Health. It will also provide the policies and procedures for monitoring participant usage and the enforcement of compliance standards, provide the means and process by which patients may choose to opt-out of participation in the IHIN as well as process by which patients may choose to opt back in, provide procedures for patients to receive notice of violation of confidentiality, and provide procedures for patients to request and receive an audit report.

- B. Department of Inspections and Appeals [481] – Dave Werning
  - 1. Adopted and Filed

a. Chapter 51, “Hospitals” CIHQ Accreditation

The purpose of the adopted 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 Commissions, 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.

Jay Hansen made a motion to accept Chapter 51, and Norman Pawlewski seconded. Motion carried.

b. Chapter 51, “Hospitals” Hospital Background Checks

This rule implements 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 and includes changes made during the 2013 legislative session. Specific changes contained in the rule deal with conditional employment and the transfer of employees from one facility to another facility owned by the same business entity.

A motion was made by Maggie Tinsman to accept chapter 51. Ted George seconded. Motion carried.

2. Notice of Intended Action

a. Chapter 58, “Nursing Facilities”

The amendments delete outdated definitions, change the length of time a provisional administrator may be appointed, and provide clarification for several rules. The amendments also change the possible classification for violations of rule 58.18(2) and subrule 58.28(3)(e). The department can cite to numerous examples of violations of these rules that would fall within the definition of a class I penalty as provided in Iowa Code section 135C.36(1). The amendment allows the department greater flexibility when determining whether a violation should be classified as a class I, II or III violation.

**III. Substance Abuse**

A. Report from Substance Abuse/Problem Gambling Treatment Program Committee –  
Jay Hansen

This morning the Substance Abuse/Problem Gambling Treatment Program Committee approved many licenses over the past couple of months. We took two complaints from the field. We had an active discussion about the transition for behavioral health through the implementation of the Affordable Care Act.

**IV. Department Reports**

A. Director's Information - Director Miller-Meeks

The Iowa Health and Wellness Plan waiver was approved by CMS in December. The Department continues to look to how public health integrates into the healthcare delivery system. Our goal is to try to have a smooth transition between patients and providers that had been covered by our safety net.

It has been a very busy calendar year for infectious diseases. Dr. Quinlisk will discuss this more later. We continue to highlight the epidemiological services that we provide.

Almost all hospitals in Iowa are on board with our statewide OB taskforce.

Legislative session will be beginning soon. We are not sure what to anticipate this year. Next week is the Governor's Condition of the State.

B. Staff Reports

1. Iowa Health Update – Dr. Quinlisk

We are just starting to go into our flu season. We predict it will peak in mid-February. We are getting more people vaccinated this year than before, but we can always improve our numbers with school aged children. We have three strains going around the state. Next year, all flu vaccines should be quadrivalent. Dr. Quinlisk handed out year-end reports for Pertussis and West Nile. Pertussis significantly decreased this year. This year was a bad year for West Nile, predominately in the western part of the state.

We did see a few more cases last year of HIV. We are seeing more people that are refugees coming into Iowa already infected. We did not have an pediatric cases last year in Iowa. Persons of color are still overrepresented with HIV.

2. Community Transformation Grant – Kala Shipley

We are starting the third year of our five year grant. CTG is funded through the Prevention and Public Health Fund of the Affordable Care Act. The CTG seeks to reduce the prevalence of heart disease and stroke and the associated risk factors.

The strategic directions of the CTG mirror the components of the Nation Prevention Strategy. The Iowa CTG project is implementing initiative in four strategic directions: Tobacco Free Living, Active Living & Health Eating, Clinical and Community Preventive Services, and Safe and Healthy Physical Environments.

The majority of the Iowa CTG objectives are implemented in 25 intervention counties through the local boards of health and their community coalitions. All 25 counties must implement strategies in the required strategic directions and are required to use the same assessment tools in communities and worksites.

However, county implementation varies based on the assets and gaps identified

in the local assessments and the readiness and strategy interest of the local community. The remaining CTG objectives are led by IDPH CTG staff and other statewide partners, and are implemented both within and outside of the 25 intervention counties.

The vision of the Iowa CTG is to improve statewide awareness for clinical prevention screenings and healthy lifestyle behaviors through consistent messaging in public health, primary health care, business, and community settings; and to create community-based strategies for systems and environmental changes to improve access for healthy opportunities in Iowa CTG intervention counties. Our target audiences are those in a rural location between 45-50 and older, and people with disabilities, and males.

**V. Old Business**

**VI. New Business**

A. Fluoroscopy history and curriculum development – Heather Adams

At the November meeting the Board asked Heather to summarize the history of the fluoroscopy issue in light of the letter you received from the Iowa Society of Anesthesiologists. Natalie had sent out the Supreme Court decision to Board members. The issue centers on if ARNPs are able to supervise the practice of fluoroscopy. IDPH regulates the practice of radiological technologists that operate the machine for fluoroscopy. The Board of Nursing regulates the practice of ARNPs that can supervise the radiological technologists. In 2009 the State Board of Health and Board of Nursing adopted rules to authorize ARNPs to supervise fluoroscopy. Shortly after the rule being passed, it was challenged in court by the Iowa Medical Society and the Iowa Society of Anesthesiologists. Last May, the Supreme Court affirmed the State Board of Health and Board of Nursing's authority to adopt these rules. The rules that were adopted by the BON include some requirements for ARNPs that decide to supervise fluoroscopy. Those requirements include an initial education course and an annual safety course, as well as the individual licensee to maintain the documentation of taking these courses.

In the letter the ISA made a request to the BOH and to IDPH to follow up on two issues. First, ISA requests that the BOH asks from the BON information on the educational course that is required of the ARNPs supervising fluoroscopy. Specifically whether it has been developed and its utilization. Second, they request from the BON the number of ARNPs involved in this practice and their location. The ISA gave some length of time in its request, hoping the BON to comply with the request in three years.

Heather advises the BOH that they are authorized to request this information from IDPH and BON.

Representatives from the BON and ISA were present at the meeting.

Jay Hansen made a motion for the Board of Health to request from the Board of Nursing to present some method of insuring that there is curriculum and training of the ARNPs involved in supervising fluoroscopy. Maggie Tinsman seconded. Motion carried.

**VII. Next Meeting**

March 12, 2014

**VIII. Adjournment**

Jay Hansen made a motion to adjourn. Ron Abrons seconded. Motion carried.

**NOTE:** All Board members should plan to attend the Iowa Preventive Health & Health Services (PHHS) Block Grant State Advisory Committee Meeting immediately following this meeting.

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)