

MINUTES

IOWA STATE BOARD OF HEALTH
JULY 8, 2009 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

Cheryll Jones called the meeting to order.

ROLL CALL

Present:

Gregory Garvin
Jay Hansen
Cheryll Jones
Hattie Middleton
Justine Morton
Elizabeth Kressin
John Stampler
Rowe Winecoff
Heather Adams

Absent:

Maggie Tinsman
Rahul Parsa

I. Minutes

A motion made by Justine Morton and seconded by Hattie Middleton to approve the May 13, 2009 Board of Health minutes. Motion carried unanimously.

II. Rules

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

1. Adopted and Filed

- a. [Chapter 4](#), “Center for Congenital and Inherited Disorders”
These amendments provide for an increase in the neonatal metabolic screening fee; require birthing providers to retain documentation of neonatal metabolic screening waivers and provide notification to the Department; and rename the Expanded Maternal Serum Alpha-Fetoprotein Screening Program to reflect the broader scope of testing available. Finally, technical amendments for clarifying program acronyms are included. A motion was made by Gregory Garvin and seconded by Rowe Winecoff to adopt and file the amendments to Chapter 4. Motion carried unanimously.
- b. [Chapter 22](#), “Practice of Tattooing”
The proposed rules describe the requirements for tattoo artists and establishments in Iowa. The rules also include the

procedures and fees for the practice of tattooing. A motion was made by Rowe Winecoff and seconded by Justine Morton to adopt and file the amendments to Chapter 22. Motion carried unanimously.

- c. [Chapter 39](#), “Registration of Radiation Machine Facilities” and Chapter 41, “Safety Requirements for the Use of Radiation Machine and Certain Uses of Radioactive Materials”
Items 1 and 13 amend rules to reflect current federal regulations. The remaining items are amended to meet Nuclear Regulatory Commission compatibility requirements. A motion was made by Jay Hansen and seconded by Gregory Garvin to adopt and file the amendments to Chapter 39 and 41. Motion carried unanimously.

- d. [Chapter 73](#), “Special Supplemental Nutrition Program for Women, Infant and Children (WIC)”
The purpose of the proposed amendment is to be consistent with federal changes to the requirements of the WIC food package that become effective October 1, 2009, and that will affect 74,500 WIC participants in Iowa. The amendment also reserves the Department's right to limit the number of foods for the WIC-approved food list based on accessibility, availability, retail value of product, USDA recommendations, increased number of WIC participants, and change in appropriation of funds. A question was asked by John Stampler and Elizabeth Kressin why it states on page 4 that “Frozen fruit Juices must be single flavors” and can't be mixture of fruit juices? Julie McMahon will follow up with a response. A motion was made by Greg Garvin and seconded by Justine Morton to adopt and file the amendments to Chapter 73. Motion carried unanimously.

- e. [Chapter 83](#), “Early Childhood Iowa Council”
The Early Childhood Iowa Council was established by the General Assembly to serve as the lead entity for Iowa’s early childhood system building efforts. The ECI Council will serve as the advisory body for the development and implementation of a comprehensive early care, health and education system. These rules set forth membership and operating procedures for the Council and describe how the Department will coordinate efforts among stakeholders. A motion was made by Gregory Garvin and seconded by Rowe Winecoff to adopt and file the amendments to Chapter 39 and 41. Motion carried unanimously.

2. Notice of Intended Action

- a. [Chapter 1](#), “Reportable Diseases, Poisonings and Conditions – Quarantine and Isolation”

This is a reorganization and clean-up of Chapter 1. The proposed rules identify diseases, poisonings and conditions, and incidents that are to be reported to the department in accordance with Iowa Code chapters 135, 136A, 139A, 141A, and 144. These rules clarify what information to report, how and when to report, and who is to report. This chapter also provides for disease control through quarantine and isolation. A question was asked by Elizabeth Kressin why definitions for acute hearing loss and tinnitus, carpal tunnel or related neuropathy, and Raynaud’s phenomenon were removed. Director Newton will follow up with a response to the entire BOH. Elizabeth Kressin also asked Director Newton to communicate this with the Chiropractic Association (Dan Garrett) to figure the best possible means for communicating this information.

- b. [Chapter 3](#), “Early Hearing Detection and Intervention”

This chapter contains rules for the universal hearing screening of all newborns and infants in Iowa and the transfer of data to the Department to enhance the capacity of agencies and practitioners to provide services to children and their families. The goal of universal hearing screening of all newborns and infants in Iowa is early detection of hearing loss to allow children and their families the opportunity to obtain early intervention services. This chapter also includes rules to establish procedures for distribution of funds to support the purchase of hearing aids and audiological services for children.

- c. [Chapter 124](#), ““Interagency Coordinating Council for the State Medical Examiner,” and Chapter 125, “Advisory Council for the State Medical Examiner”

These amendments propose a change to the rules governing the number of required meetings that are held in a year for the participants of the Interagency Coordinating Council for the State Medical Examiner and the Advisory Council for the State Medical Examiner.

- d. [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 emergency medical providers and training programs. 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 2009.

B. Department of Inspection and Appeals [481] - Steven Mandernach

1. Notices of Intended Action

- a. [Chapter 60 and 61](#), “Minimum Physical Standards for Residential Care Facilities” and “Minimum Physical Standards for Nursing Facilities”

Items 1 and 3 in the proposed amendments correct the name of the division within the Iowa Department of Workforce Development that is responsible for oversight of boilers in residential care facilities and nursing facilities, and corrects the chapters of the administrative rules governing boilers. The Department does not believe that the proposed amendments pose a financial hardship on any regulated entities. Rather, adoption of the proposed changes is technical in nature and clarifies the rules under which boilers are inspected and regulated. Items 2 and 4 remove a prohibition of plastic piping for hot or cold water systems in residential care facilities and nursing facilities. The department has frequently received requests to waive this rule and believes the rule is no longer necessary.

III. Substance Abuse

A. Licensure Recommendations – Jeff Gronstal

1. Three, Two, and One-Year Comprehensive Programs

A motion made by Rowe Winecoff and seconded by Justine Morton to approve a license for a period of three (3) years to Family Recovery Center, Regional Enterprise, Ottumwa, Iowa, license effective June 19, 2009 to June 19, 2012; to Iowa Juvenile Home/State Training School for Girls, Toledo, Iowa, license effective June 10, 2009 to June 10, 2012; to Southern Iowa Economic Development Association (SIEDA) Substance Abuse Services, Ottumwa, Iowa, license effective July 13, 2009 to July 13, 2012, and approve a license for a period of two (2) years to Substance Abuse Treatment and Education Program “STEP”, Eldora State Training School for Boys, Eldora, Iowa, license effective June 10, 2009 to June 10, 2011; to New Opportunities, Inc. Carroll, Iowa license effective June 20, 2009 to June 20, 2011; to New Life Outpatient Center, Inc., Davenport, Iowa, license effective June 17, 2009 to June 17, 2011, and approve a license for a period of one (1) year to Manning Family Recovery Center, Manning, Iowa, license effective June 21, 2009 to June 21, 2010. Cheryll Jones sustained from the vote on Family Recovery

Center, Regional Enterprise, Ottumwa and Southern Iowa Economic Development Association (SIEDA) Substance Abuse Services, Ottumwa. Motion carried unanimously.

2. Three Year Assessment & Evaluation Program

A motion made by Elizabeth Kressin and seconded by John Stamler to approve a license for a period three (3) years to Morningside Counseling Services, Sioux City, Iowa, license effective July 14, 2009 to July 14, 2012. Motion carried unanimously.

3. Two Year Correctional Facility

A motion made by Justine Morton and seconded by Gregory Garvin to approve a license for a period of two (2) years to Anamosa State Penitentiary, Luster Heights Substance Abuse Program, (LHSAP) and A New Direction (AND), Anamosa, Iowa, license effective June 21, 2009 to June 21, 2011. Motion carried unanimously.

4. 270 Day

A motion made by John Stamler and seconded by Rowe Winecoff to approve a license for a period of 270 days for St. Gregory Centers, Inc., Des Moines, Iowa, license effective July 8, 2009 to April 4, 2010. Motion carried unanimously.

IV. Department Reports

A. Director's Information – Tom Newton

Director Newton reported that he will be attending a H1N1 Influenza Preparedness one day summit being held by HHS Secretary Kathleen Sebelius, DHS Secretary Janet Napolitano and Education secretary Arne Duncan at the National Institute of Health in Bethesda, MD. The federal government is planning an aggressive response to ensure all the states are on the same page when H1N1 returns this fall.

Director Newton shared that if revenues continue to decline we can expect to see some adjustment in our 2010 Budget. However, this may not occur until after the October revenue estimating conference. An Executive Team Retreat will be held later this month to examine our budget for FY2010 and FY2011. For FY 2011 the department will need to submit a status quo budget minus stimulus dollars.

Director Newton shared that the Legislative effort looking at the reorganization of the departments is to be lead by a Legislative Committee. However, they currently have not met and no additional information has been released.

Director Newton congratulated Dr. Gregory Garvin, Jay Hansen, Dr. Hattie Middleton, and B. Rowe Winecoff upon being reappointed to the State Board of Health. Director Newton shared that regretfully Edward Maier and Dr. Rahul Parsa have resigned from the Board.

B. Staff Reports

1. Iowa Health Update – Judy Goddard

Judy Goddard shared that On June 26, CDC in consultation with ACIP, AAFP and AAP recommended the reinstatement of the booster dose of Hib vaccine for children aged 12–15 months who have completed the primary three-dose series. The children who had their booster dose deferred should receive it at the next routinely scheduled visit or medical encounter. The booster dose was suspended on Dec. 18, 2007 due to vaccine supply issues.

We have had no positive West Nile cases in Iowa so far.

The Advisory Committee on Immunization Practices has voted to change the recommended change in the vaccination schedule for rabies. For healthy people the recommendation is to decrease the number of vaccinations from five to four. There are several more steps that will take place before this recommendation is final and in practice. The final step is the recommendations being published in the MMWR. This probably will not happen for several months. In the interim we are continuing to recommend the five-dose rabies vaccine series.

Iowa has had two cases that matched the national PFGE strain. The last onset of illness for Iowa cases was May 19. Both recovered. Nationally, as of June 30, 72 people in 30 states have been identified as part of the outbreak.

We are still seeing some cases of H1N1 in Iowa but our numbers are declining. Last week we had only three test positive out of several submitted. There are now over 100 countries with reported human cases of H1N1. According to Dr. Margaret Chan, Director-General of the World Health Organization “For a pandemic of moderate severity, this is one of our greatest challenges: helping people to understand when they do not need to worry, and when they do need to seek urgent care.” Judy shared a handout with the group titled *Iowa Influenza Surveillance Network* and shared that we have changed the requirements for testing. We currently recommend that only people who are severely ill or are hospitalized be tested.

Judy Goddard shared that the Smokefree Air Act currently celebrated their first year anniversary.

2. Introduction to the 2010 Budget - Mary Jones

Mary Jones shared with the group that we are very near completion of a comprehensive “H1N1 After-Action Report” and asked the Board for the opportunity to share this with them at the September meeting. The board approved and asked that it be placed on September’s agenda.

Mary provided an overview of the department’s FY2010 budget and inquired if they would like to continue to use this format and budget information. The programs are listed alphabetically and in direct correlation with the Annual Report. Noting the pages that are referenced from the annual report, number of FTE’s, state appropriations, state appropriated stimulus funds (came in through the governor’s office), federal funds (grant applications), other funds (i.e. RWJ, etc.), and total funds (as of July 2009).

Mary requested that the Board look the report over and if they had specific questions she would be happy to answer those at the September meeting. Or if there is information that is lacking or missing to also let her know. It was requested that a column be added with the total from last year’s budget. Mary will add and review at the September meeting.

Mary also shared a hand out *IDPH Financial Fact Sheet*, which shows the difference between 2010 and 2009 budgets. She noted federal funding coming in and out of the department fluctuates and we are currently awaiting ARRA stimulus funds coming into the department. There are five categories that we are anxiously awaiting 1) Prevention and Wellness, 2) WIC, 3) Health Information Technology, 4) Immunization Programs, and 5) Healthcare Associated Infections.

3. Review of Substance Abuse Rules on the Release of Patient Records – Heather Adams and Dean Austin

Heather Adams shared that the board had previously expressed concern about a case that had come before the board. The issue was whether a program could withhold the release of records based on the non-payment of fees. There was concern among the board for that program since we currently don’t have rules that address this issue. Heather was asked to research national rules and what other states do, as well as what other professions do within the state.

Heather shared a summary that Dean had prepared *Review of Substance Abuse Rules on the Release of Patient Records* also referencing the handouts she provided last month.

Heather shared that this has been reviewed by Dean and his staff and there is no language that mandates the release of records relative to the issue of payment. They also researched the rules of other states, but found nothing that was helpful. She did find a number of Iowa professions with rules that speak to the issue of records and withholding payment. The Psychologist Board does have a rule that the psychologist cannot withhold record solely because payment has not been received. Marital, Family Therapist, and Mental Health counselors also have a rule that mandates that they cannot withhold records solely because payment has not been received for past services. Social Workers have prohibition against withholding access to records and they have circumstances under which practitioners can limit access to records and they are limited to, when you have records and compelling evidence that could cause harm to the clients, you can withhold the record but you cannot withhold for non payment of fees. Dean and his staff have drafted an example in terms of where we would place such a rule in our board rules and what a rule might look like.

Heather asked the Board to examine their recommendations and let staff know how the Board wants them to proceed and if the Board wishes staff to bring a Notice of Intended Action for Rule Making for Chapter 155 and 157.

V. Old Business

A. Annual Orientation Refresher - Julie McMahon and Heather Adams

Consistent with the Iowa Public Health Standards (IPHS), each new member of the State Board of Health is to receive orientation to their role and responsibilities within the first six (6) months of appointment. Julie has provided this orientation to the board's two newest members – Maggie Tinsman and Elizabeth Kressin, D.C. In addition, an annual orientation update (or refresher) is to be provided to board members. Board member Rowe Winecoff suggested the initial orientation be provided jointly if two or more members would be appointed at the same time.

The 2009 orientation refresher was presented to the board and all members received a copy of the slides. The orientation refresher was organized around the Iowa Public Health Standards (IPHS) and specifically the Governance component. As part of the refresher, Julie and Heather addressed each of the five standards and the related criteria included in the Governance component. Julie reinforced the basic question serving as a foundation for the Iowa Public

Health Standards: “What should every Iowan reasonably expect from local and state public health?”

Heather reviewed Iowa Code Chapter 136. Chapter 136 gives the State Board of Health the authority to be the policy making body for the state public health department.

Heather reviewed the purpose of the department’s Regulatory Plan and reminded board members that the plan is posted on the Department’s website for the boards review. It’s a road map of where we are and where we want to be in terms of rule making for consideration or development over the next fiscal year.

Julie outlined what the Iowa Department of Health does and who we are. She reviewed the organizational structure including the Director’s Office and six divisions: 1) Acute Disease Prevention and Emergency Response, 2) Administration and Professional Licensure, 3) Behavioral Health, 4) Environmental Health, 5) Health Promotion and Chronic Disease Prevention, and 6) Tobacco Use Prevention and Control. Julie referred board members to the 2008 Annual Report and Budget Summary (http://www.idph.state.ia.us/adper/common/pdf/annual_reports/2008_ar.pdf) for additional information about specific programming. Mary Jones shared the department strategy to integrate (link) common programs into single program profiles, thus reducing the number of program profiles from over 180 to approximately 50. Julie also reviewed the core functions of public health and essential public health services as a foundation of the department’s programs/services.

Julie asked that if Board members had questions about any part of the orientation or department programs/services to please contact Ramona and she will connect you with departmental staff who can answer their question.

Discussion was held and the board decided that they need to look at CH 136 to consider updating and reviewing at their meeting in September. Ramona will send copies to the Board for their review, communication should be sent to Heather Adams or Mary Jones, and upon the Board’s recommendation Lynh Patterson will submit the Boards recommendation in October or November.

Discussion was held and it was decided that the Board should also discuss if it makes sense for the Board to continue to have Substance Abuse Regulation as part of its duties or should we have a separate commission on addiction that would deal with this? The Board should be prepared to review at the September meeting. If the Board has comments please share them with Kathy Stone or Dean Austin.

VI. New Business

A. Election of Officers

A motion made by Justine Morton and seconded by John Stamler nominating Cheryl Jones to serve as the President/Chair of the State Board of Health. Motion carried unanimous.

A motion made by Hattie Middleton and seconded by Gregory Garvin nominating Justine Mortin to serve as Vice President/Vice-Chair of the State Board of health. Motion carried unanimous.

B. Medical Home Advisory Council Report – Beth Jones

Beth Jones shared the report that the Medical Home System Advisory Council (MHSAC) had put together. As background the MHSAC was established under House File (HF) 2539 during the 2008 legislative session.

The *Summary Page* provides a quick read of what is in the report.

Beth reported that the MHSAC decided to start meeting in November. Early on they decided that this provided the possibility of the private sector and Public Health to come together. Also, when you talk about Medical Home you realize that you are redefining how primary care works and insuring that primary care is looking after independent access of provider care.

In their report they have looked at what other states have done in their reform efforts. And the National Academy for State Health Policy did a review of 8 - 10 states that were building medical home. And they found that there are four key areas of every system: 1) forming key partnerships through a coordinating body; 2) defining and recognizing a PCMH; 3) purchasing and reimbursement reform; and 4) supporting practice change through measuring outcomes of demonstration and pilot projects.

Within the forming of this report they identified four building blocks: 1) Continue to develop and sustain the Iowa Medical Home System Advisory Council (MHSAC) to promote the patient-centered medical home concept as a standard of care for all Iowans; 2) encourage and support the identification and implementation of a multi-payer reimbursement model that supports the OPCMH; 3) support the current efforts to implement and expand the PCMH through existing infrastructures that educate providers and demonstrate best practices; and 4) support health reform initiatives that address health care workforce needs, health care information technology, prevention, and chronic care management.

Beth shared that they previously had met monthly but going forward they will meet on a quarterly basis with the workgroups that were formed. Over the next year they will look at how we are going to actively spread this model across the state.

C. Prevention and Chronic Care Management Advisory Council Report -

Jill Myers Geadelmann

Jill Myers-Geadelmann shared the report which was presented, as legislated in HF2539, to the Director of Public Health by July 1, 2009. Board members were guided to key information points in the report including the *Prevention and Chronic Care Management Advisory Council Executive Summary*, the HF2539 legislative language, a list of council members and the 14 points to be addressed in the state initiative. Ms. Myers-Geadelmann indicated that the department and Council hoped to receive feedback and a charge from the Board regarding the continued work on the development of a plan for the initiative.

The 24-member advisory council met November 2008 through May 2009 for education and development of the initial set of prioritized recommendations for the initiative. The key task of the council is to provide technical assistance to the department and the Director for developing a state prevention and chronic disease management initiative through the developmental stage and on to implementation.

The council prioritized obesity as the focus condition for the prevention arm of the future initiative and diabetes as the focus condition for disease management. Additional prioritized conditions and diseases are found on page 4 of the report.

The Council developed six recommendations for the continued work of this initiative. (Please reference the Executive Summary of the report.)

It was noted that since Dr. Rahul Parsa has resigned his position on the BOH, the BOH will need to select another representative to participate on this Council. BOH representation will be important as the initiative develops and evidence-based, population-based public health strategies are included in the effort.

Recommendations from the BOH: (1) The organizational listing for Jacqueline Stoken, DO, needs to be corrected on the inside back cover of the report; (2) Substance abuse and hepatitis should be recognized and included in the prioritized list for chronic conditions (page 4); (3) The council should (a) include a focus on pediatric/childhood prevention and chronic disease

management strategies and (b) be mindful of newer populations entering the state so the issues of those populations are also addressed

The HF2539 called for BOH approval of the plan for the state initiative before it can be implemented. It is the expectation that the Department and Council provide additional updates to the BOH on this initiative's progress as it moves forward.

A motion was made by Jay Hansen to accept the report and recommendations. Rowe Winecoff seconded. Motion carried unanimously.

D. Electronic Health Information Council and Executive Committee Report - Leslie Grefe

Leslie Grefe addressed the Board and shared information about the e-Health Project.

As required in the 2008 Iowa Acts, Chapter 1188 (HF2539), established the Electronic Health Information Executive Committee and Advisory Council. This committee is tasked with developing a statewide plan for health information technology by July 1. And when we talk about the plan we are talking about two major components: Electronic Health Records (EHR) as well as Health Information Exchange (HIE).

This Committee has been meeting since January. We have had several volunteers that have been pulling together the information that have gone into this plan. The plan has resulted in six primary goals (Page 7).

The Committee is requesting the approval of the plan so we can begin to implement it.

A motion was made by Justine Morton and seconded by Jay Hansen to approve the plan. Motion carried unanimously.

E. Letters of Appreciation

The Board discussed and decided that they would like to send letters of appreciation to the Board members (Edward Maier, Rahul Parsa) who recently resigned. Ramona will send.

VII. Next Meeting

A. Items for September 9, 2009 Agenda

1. Annual Review of Regulatory Plan
2. H1N1 After Action Report (AAR)
3. 2010 Budget Review and Feedback

4. Boards recommendation for the Substance Abuse Rules on the Release of Patient Records (Chapter 1555 and 157)
5. Review and Update of Chapter 136
6. Establishing a more “focused board” to review Complaint Investigations.
7. Immunization

VIII. Adjournment

At 12:52 PM a motion was made by Gregory Garvin and seconded by Hattie Middleton, to adjourn the meeting. The motion carried unanimously.

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

Ramona Cooper
Recording Secretary
Iowa Department of Public Health