

MINUTES
IOWA STATE BOARD OF HEALTH
January 11, 2012 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 M. Morton called the meeting to order.

ROLL CALL

Members present:

Justine M. Morton, Chair
Rowe Winecoff, Vice Chair
Gregory Garvin
Tonya Gray
Hattie Middleton
Jay Hansen
Maggie Tinsman
Kenneth Wayne
Michael Wolnerman
Karen Woltman

Members Absent:

Other Attendees:

Heather Adams, Asst. AG
Mariannette Miller-Meeks
Shayne Huston, Acting Recording Secretary

I. Minutes

- A. A motion made by Hattie Middleton and seconded by Jay Hansen to approve the November 9, 2011 Board of Health minutes. Motion approved.

II. Old Business

- A. Fluoroscopy Update – Heather Adams

Heather summarized the history for the new Board of Health members. The main point to this case was whether Advanced Registered Nurse Practitioners (ARNP) could supervise RadTech in the form of fluoroscopy. The case started in 2009 when the Board of Nursing adopted a rule that stated that ARNP could in fact supervise the performance fluoroscopies. In March 2010 the Board of Health adopted a similar rule which governed the RadTechs.

There were a number of groups that challenged both sets of rules and the case ended up in litigation in Polk county district court. In October 2011 the judge ruled in favor of the Iowa Medical Society and the other medical groups and found both rules invalid.

The ruling seemed to focus on the Board of Nursing rule stating that the board acted in excess of its scope of statutory authority because it adopted the rule in a manner that the court said that it was not recognized by the legal and medical professions. The judge reviewed the evidence and found that both professions had not done so and therefore the Board of Nursing was in error of expanding the scope of practice.

With respect to the department the court found that the department relied on the Board of Nursing to establish the scope of practice but had the mistaken impression that the board was authorized to expand the scope of practice.

The Board of Nursing has appealed the ruling to the appellate courts and the department decided not to join the appeal as the department feels that a scope of practice issue should be decided by the boards. It is up to the appellate courts now to resolve whether the Board of Nursing acted consistently with legislative direction in establishing rules regarding supervision.

The current status today is that the Board of Nursing and two of the interveners have asked the district court for a stay of the rules. There is not a decision yet regarding the request for stay.

Dr. Gregory Garvin and Dr. Kenneth Wayne made statements in support of the department's choice to not appeal the ruling and support for the educational process and legislature to expand scope of practice.

At the next meeting Heather will provide another update as respect to the stay and have some additional guidance as it pertains to the rule making.

III. Rules - Department of Public Health [641] – Barb Nervig

A. Notice of Intended Action

1. Chapter 8, “Care for Yourself (CFY) Program” and Chapter 37, “Breast and Cervical Cancer Early Detection Program”

Pursuant to the authority of Iowa Code section 135.11, the Iowa Department of Public Health hereby gives Notice of Intended Action to rescind chapter 37, “Breast and Cervical Cancer Early Detection Program,” and adopt new chapter 8, “*Care for Yourself (CFY) Program*,” Iowa Administrative Code.

2. Chapter 10, “Iowa Get Screened: Colorectal Cancer Program”

Pursuant to the authority of 2011 Iowa Code section 135.11, the Department of Public Health hereby gives Notice of Intended Action to adopt new Chapter 10, “Iowa Get Screened: Colorectal Cancer Program,” Iowa Administrative Code.

The Iowa Get Screened: Colorectal Cancer Program (IGS) is funded through a cooperative agreement with the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) under the Colorectal Cancer Control Program (CRCCP).

3. Chapter 85, “Local Substitute Medical Decision-Making Boards”

Pursuant to the authority of Iowa Code sections 135.11 and 135.29, the Department of Public Health hereby gives Notice of Intended Action to amend Chapter 85, “Local Substitute Medical Decision-Making Boards” Iowa Administrative Code.

The rules in Chapter 85 describe the requirements and procedures for local substitute medical decision-making boards. These proposed amendments remove references to the state substitute medical decision-making board. In 2010, the legislature repealed Iowa Code section 135.28 that established the state substitute medical decision-making board.

4. Chapter 131, “Emergency Medical Services Provider Education/Training/Certification”

Pursuant to the authority of Iowa Code section 147A.4, the Department of Public Health hereby gives Notice of Intended Action to amend Chapter 131, “Emergency Medical Services Provider Education/Training/Certification,” Iowa Administrative Code.

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. This proposed amendment adopts modifications to the emergency medical care provider scope of practice recommended by the EMS Advisory Council.

5. Chapter 132, “Emergency Medical Service—Service Program Authorization”

Pursuant to the authority of Iowa Code section 147A.4, the Department of Public Health hereby gives Notice of Intended Action to amend Chapter 132, “Emergency Medical Service—Service Program Authorization” Iowa Administrative Code.

The rules in Chapter 132 describe the standards for the authorization of EMS services. These proposed amendments adopt the Scope of Practice approved by the EMS Advisory Council in July of 2011; allow critical care paramedics to operate in the pre hospital environment; add definitions for the new provider levels and allow service authorization at the new levels.

IV. Substance Abuse

- A. Jay Hansen reported that the Substance Abuse sub-committee which approved three licenses and a “dean status” license for a program. The group also discussed a complaint made against a program and affirmed the departments desire to have no corrective action.

Then also discussing changing application process for licensure to ensure several new items are include to make sure those get processed, like fire inspections, prior to the licensure visit.

V. Department Reports

- A. Director’s Update – Dr. Miller-Meeks
1. Director Miller-Meeks informed the board of the resignation of Dr. Donald Skinner. It was determined to send Dr. Skinner a thank you letter for his service on the board and to the State of Iowa.
 2. Legislative session as started. There is notice from the governor’s office that the budget amounts for IDPH and the targets from the governor’s office are in synch. IDPH does have some bills in the working stage and when they move forward will

be shared with the board. One is on the Iowa Health Information Network (IHIN), the Omnibus bill that has several things in code for clarification.

3. The Community Transformation Grant (CTG) that was award from the CDC. That process is unfolding and taking place. It will be an extremely good process in alignment with the Healthiest State Initiative.
4. Deborah Thompson, the department Policy Liaison and Healthiest State coordinator, comes to the department from the legislative services agency. Deborah has already been engaged heavily learning the department in preparation for session.

B. Staff Reports

1. Iowa Health Update – Dr. Quinlisk

Dr. Quinlisk provided a handout for the influenza report. The spread of influenza is slow and believe that a big reason is because of the growing vaccinations. It is also a warmer season and so many factors helping to create this slow spread. Believe that the peak will be sometime end of January and February.

The West Nile season in Iowa was mostly along the Missouri river possibly due to the flooding. This is the final report for Iowa West Nile season. The report is on the website as well.

Norovirus is going around Iowa in schools and long term care facilities. This is typically spread via food and so gatherings where people bring food then this virus is spread. People should stay home when they are ill and to wait two days before preparing food for others. Typically only lasts 24-48 hours.

About 1½ years ago there was an outbreak with peanut butter and other products. The New England Journal just published an article about how public health, CDC and others worked together to identify the source. This information was handed out to the board.

2. Maternal, Infant and Early Childhood Home Visit (MIECHV) – Janet Horras
This is a federally funded program and a fact sheet was provided. Family support is a term to refer to home visitation programs and group based programs.

IDPH provides administrative support for the programs. This program is a fairly new program. We were the first to have our benchmark plan approved. IDPH is preparing to launch a statewide database for the MIECHV grant.

Plan on expanding the web based data collection and also to set benchmarks about outcomes. This information will be used to compare to national standards. Also, work with Iowa State University for a virtual home visitor concept.

Target communities are Black Hawk, Appanoose, Wapello and Lee counties. Appanoose was the number one county identified in the risk assessment.

VI. New Business

- A. State Hygienic Laboratory (SHL) Report – Christopher Atchison
With the annual report the lab continues its work to establish a clear identity for the lab and its services from the University of Iowa. The lab is the only state in the nation with two CDC Fellows and this year the lab has two Fellows once again.

The lab has submitted changes in administrative rules to the Board of Regents to more fully describe services. These changes also work to more fully define the mission of the SHL. SHL is a partner with the Board of Health and it is this support that helps with many tasks between the departments.

New Born screening remains one of the most critical activities for the labs. Will be soon be adding Severe Compromised Immune Deficiency (SCID) as recommended by the US department of human services.

Epigenetics is not just about the chemistry in the body but also the sources of that influence. As we become better skilled in understanding the affects and we will have to continue to review our environmental monitoring. Lead and arsenic being monitored will help feed into this better understanding.

There is a concern that Public Health may be heading into a down cycle of funding. There is the continue need for monitoring for new/remerging multi-drug resistant organisms. We really do need to look at the sufficiency of our surveillance systems.

Surveillance is terribly important and in that regard the lab as submitted to the Board of Regents for funding to restore the lab to 2008 levels of funding. The lab continues to collaborate with agencies, both public and private, across the state. Also the lab is extremely interested in the STEM initiative.

Chris also shared an invitation to visit the new building for the College of Public Health on behalf of Dean Curry. This will be added as a consideration for a future Board of Health meeting.

VII. Next Meeting

- A. Review of the Public Health Standards – Joy Harris
1. Communication and Information Technology
 2. Emergency Response
- B. State Health Improvement Plan – Jonn Durbin, Martha Gelhaus

VI. Adjournment

- A. A motion to adjourn was made by B. Rowe Winecoff and seconded by Kenneth Wayne. Motion was approved and meeting was adjourned at 11:51 a.m. January 11, 2011.