



**Advisory Council on Brain Injuries  
Ad hoc Bylaws and Administrative Rules Committee  
November 23, 2010 - Meeting Minutes  
Veterans Hospital 3<sup>rd</sup> Floor West Conference Room,  
Iowa City**

The meeting was called to order by Emily Emonin, task force chair at 9:18 a.m.

**ACBI Ad hoc Bylaws and Administrative Rules Committee Members Present**

Emily Emonin	David Demarest	Connie Holmes
Members by phone:	Kellie Harmon	Tom Brown

**IDPH Staff Present**

Megan Hartwig	Binnie LeHew
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Emily began the meeting by thanking Connie for arranging the meeting and by thanking the VA for use of the space.

Binnie explained the current bylaws need to be eliminated and instead incorporated into the administrative rules. There was conversation about how and what the structure would be for incorporating the bylaws.

Tom Brown expressed that he has concerns about the political climate—will reviewing and making changes to the rules open the ACBI up for undue scrutiny. The group discussed the timeline involved in rule review. It will take approximately six months to go through the entire process including review by the Board of Health. The group decided that a few changes could be added to the IDPH Omnibus bill.

The group decided they want to include a section at the beginning that describes the purpose of the Council. Currently the mission and purpose are address in Chapter 135.22A (6). This can be included in the rules depending on what Heather Adams, Assistant Attorney General says.

Kellie wants the group to consider the conflict of interest issue. It was decided it might be more of an orientation of new members issue rather than a rules issue. Kellie would like to see members following Robert's Rules during ACBI meetings. The group discussed issues that had happened in past meetings and why it may sometimes feel like a conflict of interest. Kellie then stated that she would like to exit the call because of the amount of minutes on her calling plan. She stated that she would look for a summary of the meeting and then exited the meeting.

Discussion moved to membership of the Council. The discussion started with the issue of members leaving the appointment mid-year and those who may miss three (3) or more meetings. IDPH staff will be responsible to notify the member when they have missed, and then a letter can be drafted on behalf of the chair by IDPH staff to the Governor's office.

The group would like to see the minimum number of council members increased to at least 12. Currently a minimum of 12 members is required. It was discussed that increase the minimum would help with turnover and appointments for leadership. It was discussed that there could be red flags to

increase the number for members. The only required positions on the council include: chair, vice chair and secretary. The issue of term length may be more important and would be more of a priority.

Under 135.22A the group would like to add the Department of Corrections, Department of Veterans Affairs and Department of Aging as Ex Officio members. Megan has talked with department of Corrections and VA and they were both on board with attending the group. The Director of IDPH should be consulted or should approach the department directors to be sure they are willing to be involved. The group talked about a role for the state's Medicaid director? Should Medicaid and the Department of Inspections and Appeals be added to the list? The group felt it would be helpful for a member from the licensing and standards for the health facilities division to be invited.

The group wants to add language in the rules relating to absences (this will need to be reviewed with Heather Adams). Language about access to an interpreter and physical accessibility will be added.

The group decided to add a section for "Officers" that will include the current language from the bylaws and will list the duties of each officer.

It was decided to keep language to allow establishment of Task Forces and subcommittees but not specify names in the rules—"the chair of the council shall appoint task force members as needed." There was discussion regarding the addition of definitions of the membership to include Ex officio, ad hoc, and nonmember.

The meeting moved into discussing regarding the Olmstead Plan

The group would like to see the following in the plan:

- specificity of the definitions of mental health and mental illness
- Clarification of the term disability
- Wherever possible add Brain Injury
- Include a definition of mental disability

It was discussed there is a necessity to take a strong stand away from just mental health and mental illness. The group felt very strongly the Olmstead Decision was not about Mental Health and Mental Illness; it required states to place people with mental disabilities in community settings. The group felt very strongly that the plan should not address mental health at all and that there should be a separate mental health plan. The group would like to see specifics spelled out for each group the people who have lobbied for the plan have pushed mental health and have succeeded in having it highly represented in the plan.

David moved to adjourn; Connie seconded. The meeting was adjourned at 11:56 a.m.