

Call In Number: (866) 685-1580
Conference Code: 515 281 5606

AGENDA
IOWA STATE BOARD OF HEALTH
NOVEMBER 14, 2012 – 10:00 A.M.
5TH FLOOR SOUTH CONFERENCE ROOMS #517-518
LUCAS STATE OFFICE BUILDING
321 EAST 12TH 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

I. Minutes

A. Approval of September 12, 2012 Minutes



091212 draft
minutes.docx

A motion was made by Kenneth Wayne and seconded by Michael Wolnerman.
Motion carried.

II. Rules

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

1. Adopted and Filed

- a) Chapter 7, “Immunization and Immunization Education: Persons attending Elementary or Secondary Schools, Licensed Child Care Centers or Institutions of Higher Education”

The rules in Chapter 7 describe the immunization requirements of person attending elementary or secondary school and licensed child care centers in Iowa. These amendments add a subrule pertaining to vaccination for tetanus, diphtheria, and pertussis (TDAP vaccine) for students in secondary school, as well as amends subrules pertaining to transition of immunization registry to a web based system.

A motion to approve Chapter 7 was made by Maggie Tinsman and seconded by Ted George. Motion carried.

- b) Chapter 70, “Lead-Based Paint Activities”

The amendment amends the definition of “Minor repair and maintenance activities.” The change in the definition will in limited instances increase the minimum area of disturbed painted surface that triggers regulation.

The amendment was requested by the remodeling industry. The Department of Public Health worked with the industry to expand the minimum area, but still maintain the intent of the regulation. The overall intent of the regulation is preventing children from being lead poisoned due to unsafe renovations. A motion was made by Jay Hanson to accept Chapter 70, and seconded by Tonya Gray. Motion carried.

- c) Chapter 95, “Certificate of Birth-Registration Fee,” Chapter 96, “Vital Records,” Chapter 98, “Forms Uniform,” Chapter 99, “Delayed Birth, Death and Marriage Registration,” Chapter 100, “Establishment of New Certificates of Birth,” Chapter 101, “Death Certification, Autopsy and Disinterment,” Chapter 102, “Correction and Amendment of Vital Records,” Chapter 103, “Confidentiality of Records,” Chapter 104, “Copies of Vital Records,” Chapter 105, “Declaration of Paternity Registry,” Chapter 106, “reporting of Termination of Pregnancy,” and Chapter 107, “Mutual Consent Voluntary Adoption Registry.”

Proposed new Chapter 95 to 100 are the result of reorganizing the information currently contained in the Chapters 95, 96, and 98 to 107, which are proposed for rescission, an effort to make it easier to locate the information. The new chapters also include some new and updated information. The following is a summary of the information in each new chapter. For purposes of comparison, a reference to the chapter or rule in which the information is currently found is also included.

A motion to accept the changes was made by Jay Hansen, and seconded by Michael Wolnerman. Motion carried.

- 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 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 32 describe the standards for the authorization of EMS services. The proposed amendments update the reference to the Iowa EMS Scope of Practice document of the most recent edition, April 2012.

A motion to accept Chapter 131 was made by Cheryl Straub-Morarend, and seconded by Jay Hansen. Motion carried.

2. Notice of Intended Action

a) Chapter 113, “Public Health Response Teams”

The rules in chapter 113 describe how the division of Acute Disease Prevention and Emergency Response, Center for Disaster Operations and response, establishes, registers, and approves public health response teams, to supplement and support disrupted or overburdened local medical and public health personnel, hospitals, and resources in the event of a disaster or threatened disaster or other incident as defined in Iowa Code section 135.143. The current language defines priorities and guidance related to specific teams. The number and scope of the teams have been distinctly defined since this original code was established. “Public health response team” currently includes disaster medical assistance teams, environmental health response team, logistical support response team, Iowa mortuary operational response team. The epidemiological response team is no longer supported. These amendments broaden the priorities and guidance to include all the teams, not language limited to specific guidance for individual teams.

3. Regulatory Plan

The regulatory plan is listed on the Iowa Department of Public Health website and will be sent out to all Board of Health members following the meeting.

B. Department of Inspections and Appeals [481] – Dave Werning

1. Adopted and Filed

a) Chapter 51, “Hospitals” and Chapter 59, “tuberculosis (TB) Screening”

The amendments to adopt a new chapter that outlines requirements and procedures to conduct tuberculosis screenings for health care workers of Iowa licensed hospitals and health care workers and residents of Iowa health care facilities, including the screening process to be used, the risk classification, and who may conduct TB screenings. Additionally, corresponding technical changes are proposed for chapter 481-51. “Hospitals,” which will update the current administration code language to reflect the creation of the new chapter 481-59. The proposed language in the new chapter 481-59 was substantially written by the Iowa Department of Public Health and provides uniformity in the requirements and procedures to conduct TB screening.

A motion to adopt was made by Maggie Tinsman and seconded by Cheryl Straub-Morarend. Motion carried.

2. Notice of Intended Action

- a) Chapter 57, “Residential Care Facilities,” Chapter 58, “Nursing Facilities,” Chapter 62, “Residential Care Facilities for Persons with Mental Illness (RCF/PMI),” Chapter 63, “Residential Care Facilities for the Mentally Retarded,” and Chapter 65, “Intermediate Care Facilities for Persons with Mental Illness.”

The proposed amendments make technical changes to correspond to the adoption of 481-59. “Tuberculosis (TB) Screening”. Chapter 481-59 outlines requirements and procedures to conduct tuberculosis screenings for health care workers and residents of Iowa-licensed health care facilities, including the screening process to be used, the risk classifications, and who may conduct TB screenings.

- b) Chapter 61, “Minimum Physical Standards for Nursing Facilities.”

The proposed amendment rescinds the current Chapter 61 and replaces it with a new Chapter 61, which incorporates by reference generally accepted design and construction standards for the construction and renovation of nursing facilities. The Department requested the assistance of the Building Code Bureau of the State Fire Marshal’s Office to review the rules pertaining to minimum physical standards for nursing facilities. A full review of the rules has not been conducted for nearly 20 years, during which time most national building codes and standards have been significantly revised.

III. Substance Abuse

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

Justine, Diane and Jay met this morning and approved many three year and two year licenses. These were all routine. One program will be issued a summary suspension in the Des Moines and Cedar Rapids area for lack of liability. The license will be withdrawn and in one year they can reapply. They also discussed a fee for licensure possibility. If the fee is small, it will add little to the process. Further discussion will happen in the next year.

IV. Department Reports

- A. Director’s Information - Director Miller-Meeks

Strategic planning within the Iowa Department of Public Health has been going on, looking to make a 3-5 year plan. The Executive Team is considering how the Affordable Care Act, sequestration, ACOs and other changes will affect our programs in the Department.

The Healthiest State Walk had over 290,000 participants. The Healthiest State Initiative emphasizes private, public, and non-profit partners. 5 workgroups have been established to highlight integration between all partners in Iowa.

Tobacco Quitline now has online counseling, and is hoping to increase usage and effectiveness. We are expanding our social media usage within the Department. EMS and Oral Health have pages and we will evaluate the effectiveness of these pages. Executive Order 80 has been implemented for stakeholder input prior to the development of rules. Plumbing and Board of Nursing have stakeholder groups currently.

We emailed out the Budget for FY13. The biggest changes from the past are the removal of vacant FTEs, looking for redundancies in boards and commissions, and preparing for information technology consolidation.

B. Staff Reports

1. Iowa Health Update – Dr. Quinlisk

- a) Flu and West Nile update – confirmed a total of 20 cases of seasonal flu. The current vaccination is acceptable. 9 human cases of West Nile have occurred in the state. This is a spike from 2011.
- b) Fungal Meningitis from Steroid Injections – none of the batches from the New England compounding pharmacies have come to Iowa. We continue to monitor, but there is no concern about problems in Iowa.
- c) Economic CDC investigation into mercury spill – in July 2012 an individual found a 20 pound container of Mercury in a basement while cleaning a home, and took the container to a local bar where it spilled. They tried to clean it up with a wet vac, which causes the vapors to spread around. The Mercury wound up in a sandbox where children played with it. The current status is that most of the costs have been collected from all entities involved.

C. E-Health Privacy Policy and Security Policy – Susan Brown

The Privacy Policy, Security Policy, and Opt out policy were passed out, and read to the Board of Health based on the table of contents. Michael Wolnerman participates on the E-Health Council and has already heard the presentation. Many of the policies we used as precedents come from policies that have been implemented for over 10 years. Many attorneys helped put this together that practice in healthcare law. The security policies are more technical in nature for administrative purposes. These policies are based on a national policy framework.

Jay Hansen moves to accept the E-Health Privacy Policy and Security Policy. Diane Thomas seconded. Motion carried.

V. Old Business

A. Review of Public Health Standards – Joy Harris

70% of local public health groups have done something to implement the Public Health Standards. We took feedback from our local agencies and revised our final standards for a couple of years.

Tanya Gray moves to accept the Public Health Standards. Maggie Tinsman seconds.
Motion carried.

VI. New Business

VII. Next Meeting

Diane Thomas moves adjourn the meeting, and Maggie Tinsman seconds. Motion carried.

VIII. Adjournment

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