

IOWA COUNCIL ON HEALTH AND HUMAN SERVICES

MEETING MINUTES

MAY 9, 2024

COUNCIL MEMBERS	HHS STAFF
Rebecca Peterson ✓	Director Kelly Garcia
Dr. Donald Macfarlane ✓	Sarah Reisetter
Sam Wallace ✓	Zach Rhein
Jack Willey	Sarah Ekstrand
Dr. Monika Jindal ✓	Elizabeth Matney
Kay Fisk ✓	Cory Turner
Andrew Allen ✓	Erin Drinnin
Sandra McGrath ✓	Janee Harvey
Samantha Rozeboom, DNP ✓	Marissa Eyanson
	Robert Kruse

EX-OFFICIO LEGISLATIVE MEMBERS
Senator Jeff Edler
Senator Sarah Trone Garriott ✓
Representative Heather Matson
Representative Ann Meyer ✓

Call To Order

Council Chair, Rebecca Peterson called the Council meeting to order at 10:01 a.m. via zoom teleconference.

Roll Call

Eight Council members were in attendance. Jack Willey was unable to attend. Two Ex-Officio members were present. Senator Sarah Trone Garriott and Representative Ann Meyer.

Sam Wallace moved to approve the April minutes and Andrew Allen seconded this. The council members said “aye” no changes or issues.

HHS Council Subcommittee Report: Substance Use and Problem Gambling Licensure

Presented by **subcommittee chair Andrew Allen.**

Council Members on the Subcommittee are:

- Sandra McGrath
- Samantha Rozeboom
- And Andrew Allen

Subcommittee meetings are held the 2nd Thursday of each month at 9am (before the HHS Council Meetings.)

You are welcome to attend or request items for the group to investigate.

The link to attend is:

- Approved three organizational updates Treatment recovery.
- Revisions to mental health center
They were able to meet will all participants and discuss the issues.
- They had a 40-minute conversation on how to enrich the committee and how to bring solid information to HHS Council Meetings
- Peer support for those with opioid addiction, is something to be supported. Groups like NA are great, but if we can get more young people to attend and mentor it would be ideal. HHS has training that anyone can take to be a peer support.
- Fentanyl is relatively inexpensive at \$10 per pill and provides a strong high (or death.)
- The low price and extreme high have pushed it to become an issue in the Girls Program.

When speaking with a group of students from Iowa State University they found:

- Students say it's normal to drink from Wednesday after class through Sunday. Essentially having the whole weekend for binge drinking.
- Between the ages of 18- and 24-year-olds it's an epidemic, and Iowa is particularly high in this category. 90% of those students start before they are 18 years of age.
- This is not limited to alcohol but includes marijuana, cocaine, and Adderall.
- Thankfully these students have not seen any Fentanyl use.

These drugs are currently available as a resource to counteract some overdoses by police, firefighters and first responders.

Disseminating [naloxone](#) (Narcan[®], Kloxxado[®], Zimhi[®], ReVive[®]) to people in the community is recommended.

HHS has a program to get these lifesaving medications over the counter for schools, health care providers, and other people in a position to assist. In accordance with Rule 595 90th general assembly. Training is needed and the grant has that incorporated into it.

HHS could work with the Department of Education. Currently school nurses believe they would need parental permission to used naloxone. They are adding it to the release form they currently have for Aspirin or Ibuprofen.

Deaths are sometimes indistinguishable between accidental or suicide.

Commissioner Stephan Bayens in the Iowa Department of Public Safety would be a good resource to find out why we are not seeing a lot of arrests for distributing Fentanyl.

There are many more prosecutions for this at the Federal level.

Director's Report

Presented by **Director Kelly Garcia**

Noteworthy Activities

- HHS continues to plan the rollout of Thrive Iowa, including branding.
- HHS Leadership Team will begin their summer tour across Iowa beginning in May – fall.
- Details on that soon!

Medicaid:

- Medicaid's online caregiver support platform launched at the beginning of this month, which provides free training and resources to help build skills and confidence to manage care for individuals with complex or chronic care needs.

State-Operated Specialty Care:

- Glenwood Resource Center (GRC) and the Department of Justice (DOJ) met for a status update hearing. Closure of GRC is expected by June 30 with the last client scheduled for discharge/transition by June 14.
- Current stats: Glenwood Resource Center Census: 33 | Transitions: Community (includes HCBS, HH & ICF-ID): 78, Woodward: 23, Nursing homes: 6, Hospice: 7, Deaths at GRC: 5 | Woodward Resource Center Census: 123
- Independence Mental Health Institute psychiatric residency began in April.
- The State Training School announced Mark Swore as the new Superintendent. Swore has over three decades of experience in the human services field and has worked for HHS and DIAL previously.

Behavioral Health:

- Planning has begun for implementation of the new Behavioral Health service system.
- We will share more about that in a few minutes.
- The Association of State and Territorial Health Officials (ASTHO) recognized the work of the Public Health Division and Aging & Disability Services Division related to their work on fall prevention.

Community Access and Eligibility:

- Volunteer Iowa has received grant funding to support the development and execution of youth-led service-learning projects.
- The opportunity is open to K-12 schools, afterschool programs and nonprofits connected to learning programs, and will provide \$2500 for up to six organizations.

Family Well-Being and Protection:

- The first Child Protective Services town hall for foster parents, adoptive parents, providers, and other partners, was held on Tuesday, May 7.
- The first in the new series of Child Protective Services town halls for colleagues took place on Apr. 16.

Proudest Moments and Successes:

- 49 visits with Iowa Senators for confirmation.
- Modernizing the Health and Human Services Budget language
- Passage of a comprehensive statewide behavioral health bill that transforms Iowa's mental health, addiction, and disability services system.
- Passage of a boards and commission bill that helps streamline HHS operations while maintaining a strong commitment to stakeholder engagement.
- Passage of an HHS appropriations bill that increases the overall budget by nearly \$90 million.
- Passage of a bill that increases PMIC rates for providers across the state and incentivizes the opening of a facility to help treat Iowa's highest acuity youth.
- Passage of both HHS sponsored bills that help to improve and streamline internal HHS information sharing along with reducing the number of outdated and no longer necessary reports HHS must provide to the legislature.
- Support of the Governor's THRIVE initiative.
- Funding the child care market rate survey increase.
- Extending the child care assistance pilot.

- Fully funding an expansion at the Office of the State Medical Examiner (RIIF).
- Fully funding the Woodward tunnel decentralization project (RIIF).
- \$5 million to fund part of the Lucas remodel.

State Medical Director's Report:

Presented by **State Medical Director, Dr. Robert Kruse**

Highly Pathogenic Avian Influenza Update

- In the US, there have been 36 herds of dairy cattle affected in 9 states. There have been none in Iowa.
- On April 24, 2024, the USDA released a Federal Order on the testing of lactating cows prior to interstate movement and mandatory reporting of HPAI.
- There has been one Texas dairy worker that has been confirmed positive with HPAI. Initial testing has not found changes to the virus that would make it more transmissible to humans. While cases among humans in direct contact with infected animals are possible, the current risk to the public remains low.
- The designation of some avian viruses as highly pathogenic refers to the potential severity and mortality in the birds and does not indicate the severity of illness among humans.
- There continues to be no concern that this circumstance poses a risk to consumer health, nor does it affect the safety of the interstate commercial milk supply because products are pasteurized before entering the market. Only milk from healthy animals is authorized for distribution into interstate commerce for human consumption, additionally pasteurization has continually proven to inactivate bacteria and viruses, like influenza viruses, in milk and milk products such as cheese.
- Based on the limited research and information available, we do not know at this time if HPAI A (H5N1) viruses can be transmitted through consumption of unpasteurized (raw) milk and products (such as cheese) made from raw milk from infected cows. However, we have long known that raw milk can harbor dangerous microorganisms (germs) that can pose serious health risks to consumers.
- The FDA has reported that preliminary results of egg inoculation tests on quantitative polymerase chain reaction (qPCR)-positive retail milk samples show that pasteurization is effective in inactivating HPAI.
- The Centers for Disease Control and Prevention (CDC) has asked state and other jurisdictional health departments to make personal protective equipment (PPE) available to dairy farm, poultry farm, and slaughterhouse workers. We are working with our partners at IDALS on this request to determine the need amongst these workers.
- Iowa HHS continues to work with CDC, IDALS, USDA and FDA to monitor people exposed to animals infected with HPAI A(H5N1) viruses. This includes testing specimens and animals for any changes to the influenza virus that would change the risk to human health.

CDC's and National Oceanic and Atmospheric Administration's (NOAA) Heat and Health Initiative

- This is relevant as we start approaching the warmer summer months ahead.
- The Heat and Health Initiative is an initiative aimed at protecting American's health from the harms heat exposure. CDC, in partnership with the National Oceanic and Atmospheric Administration's (NOAA) National Weather Service (NWS) developed three

resources, which combined give proactive actions people can take to protect themselves: stay cool; stay hydrated; know the symptoms.

- The first resource is a HeatRisk Forecast Tool, developed by both CDC and NOAA, provides a seven-day heat forecast nationwide that tells you when temperatures may reach levels that could harm your health. A first of its kind health-based heat forecast that integrates health and temperature data.
- The second resource is CDC's HeatRisk Dashboard, a consumer-friendly product, integrates the HeatRisk Forecast Tool data with other information, including details on local air quality, to inform the public on how best to protect themselves when outdoor temperatures are high and could impact their health.
- The third resource is CDC clinical guidance that was developed to help clinicians keep at-risk individuals such as children with asthma, pregnant women, and people with cardiovascular disease, safe when temperatures rise. Even though heat can impact anyone's physical and mental health, children with asthma, pregnant women, and people with cardiovascular disease, among other groups, may be more sensitive. The guidance is the first nationally available information for healthcare and public health professionals to protect the population, including those more sensitive to heat, from the impact of heat on their health.
- Heat-related deaths and illnesses are preventable, and CDC recommends that clinicians talk to their patients about protecting themselves from hot days. Specifically, CDC recommends clinicians:
 - Review risk factors that may make heat more dangerous for their patients where they live, learn, work, and play.
 - Educate their patients on how to protect themselves on hot days, including teaching patients how to use the HeatRisk Dashboard and helping patients develop a Heat Action Plan.
 - Educate patients on appropriate hydration during hot days.
 - Educate patients on how to protect themselves from poor air quality, how to use the Air Quality Index (AQI), and how to improve indoor air quality when indoors.
 - Review medications that may interact with heat and make a medication plan for hot days.

Adverse Effects Linked to Counterfeit or Mishandled Botulinum Toxin Injections.

- On April 15th, 2024, [CDC](#), several state and local health departments, and the [U.S. Food and Drug Administration \(FDA\)](#) shared information regarding reports of harmful reactions among people who received injections of counterfeit or mishandled botulinum toxin (commonly called "Botox")
- Botulinum toxin or "Botox" injections are typically regarded as safe therapy. However, administration with counterfeit product, improper technique, or incorrect dosage can result in botulism-like illness. CDC Issued a health alert last week regarding the investigation of the risks of counterfeit products, or mishandled injections.
- CDC is investigating clusters of 22 people in 11 U.S. states reporting adverse effects after receiving injections with counterfeit botulinum toxin or injections administered by unlicensed or untrained individuals or in non-healthcare settings, such as homes or spas. None of these cases have occurred in Iowa.
- Some patients have been hospitalized but there are no reported deaths from these adverse effects.
- For some background Botulism is a rare and sometimes fatal illness caused by botulinum toxin. Initial botulism symptoms may include double or blurred vision, drooping

eyelids, slurred speech, difficulty swallowing, and difficulty breathing with localized paralysis.

- Clinicians should contact their state or local health department to record these cases and get the antitoxins needed to treat patients. So far, 6 of the 22 patients have been treated with an anti-toxin.
- Botulinum toxin administration should be done only by licensed providers in a licensed or accredited facility.

We want physicians to know they can contact us for more information or if they have any questions.

Vote to adopt rule chapters with effective dates of July 17, 2024 Cassie Tracy and Joe Campos, Compliance Division

- 441—8: Payment of Small Claims,
 - This chapter defines reimbursement of small claims procedures for Department employees. It serves to ensure Department employees can be reimbursed for damage to personal items incurred through service to Department clients in a timely and efficient manner.
 - Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on January 24, 2024.
 - Two virtual public hearings were held on February 14, 2024, at 11:30 a.m., and February 26, 2024, at 12 p.m. No public comments were received. No changes from the Notice have been made.

A motion was made by Sam Wallace to approve and seconded by Dr Donald McFarlane.
MOTION UNANIMOUSLY CARRIED.

- 441—13: Program Evaluation
 - Chapter 13 defines HHS methods and procedures to review public assistance program eligibility determinations made by HHS staff. These quality control measures are designed to ensure HHS implements these programs in accordance with the Iowa Code and federal regulations and in an efficient and effective manner.
 - Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on January 24, 2024.
 - Two virtual public hearings were held on February 14, 2024, at 11:30 a.m. and February 26, 2024, at 12 p.m. No public comments were received. No changes from the Notice have been made.

A motion was made by Sandra McGrath to approve and seconded by Dr. Monika Jindal.
MOTION UNANIMOUSLY CARRIED.

- 441—203: Iowa Adoption Exchange
 - This rule change increases access to adoptive arrangements by creating the Iowa Adoption Exchange, a streamlined system of matching children available for adoption with potential adoptive homes.
 - Children under the guardianship of the Department for whom an adoptive home is not available are entered on the exchange within 60 or 90 days of receipt of

termination of parental rights. Children under the guardianship of a licensed child-placing agency whose parental rights have been terminated may be registered on the exchange at any time. Approved families wishing to adopt are entered on the exchange by the Department or a licensed child-placing agency.

- Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on January 24, 2024.
- Two virtual public hearings were held on February 14, 2024, at 11:30 a.m., and February 26, 2024, at 12 p.m. No public comments were received. No changes from the Notice have been made.

A motion was made by Samantha Rozeboom to approve and seconded by Sam Wallace.

MOTION UNANIMOUSLY CARRIED.

- 441—122 (Formerly 541-9): Fiscal Oversight of Early Childhood Iowa
 - This rule chapter sets forth oversight measures in relation to the Early Childhood Iowa area boards to ensure sound fiscal management of Early Childhood Iowa funds.
 - Sound fiscal oversight of Early Childhood Iowa area boards works to ensure these boards operate optimally, allowing boards to successfully improve efficiency and effectiveness of early care services provided to families.
 - Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on January 24, 2024.
 - Two virtual public hearings were held on February 14, 2024, at 11:30 a.m. and on February 26, 2024, at 12 p.m. No public comments were received. No changes from the Notice have been made.

A motion was made by Dr. Donald McFarlane to approve and seconded by Kay Fisk

MOTION UNANIMOUSLY CARRIED.

- 641—1: Reportable Diseases, Poisonings and Conditions, and Quarantine and Isolation
 - This rule chapter provides for disease investigation and disease control through preventive measures including but not limited to quarantine and isolation.
 - The rule chapter defines procedure for members of the public to comply with the reporting requirements.
 - The rule chapter provides for cancer surveillance as well as congenital and inherited disorder surveillance to compile, evaluate, retain, and disseminate information on the occurrence, prevalence, causes, treatment, and prevention of congenital disorders.
 - Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on January 24, 2024.
 - Two virtual public hearings were held on February 14, 2024, at 11:30am, and February 26, 2024, at 12pm.
 - We received one public comment. In response to that comment, changes to the rulemaking have been made since the Notice. Specifically, the Department provided additional clarity to the reportable conditions chart. The edits include updating phone numbers and adding diseases currently reported under temporary reporting orders issued by the department. In addition, the department added emerging illness examples to clarify the current reporting requirements for tick and mosquito borne illnesses.

A motion was made by Sandra McGrath to approve and seconded by Samantha Rozeboom.

MOTION UNANIMOUSLY CARRIED.

Review Notice of Intended Action (informational):

- 441-78: Amount, Duration, and Scope of Medical and Remedial Services (implements change to allow for 90-day medication supply for Iowa Medicaid members)
 - a. Iowa Administrative Code (IAC) currently permits a one-month supply of covered prescription and nonprescription medications for Iowa Medicaid members, excluding contraceptives which can be prescribed in three-month quantities [441 IAC 78.2(6)].
 - b. Iowa Medicaid temporarily allowed an optional 90 days-supply on all medications from 3/19/2020 through 5/12/2023 due the Public Health Emergency (PHE).
 - c. When the allowance was terminated in May 2023, the intent was always to re-implement with a Drug Utilization Review (DUR) recommendation and rule change through the red tape review.
 - d. The proposed rule change would allow re-implementation of an optional 90 days-supply on a continuing basis for select, cost effective generic maintenance medications at the discretion of the prescriber while adhering to the guidelines provided by the Iowa Medicaid Drug Utilization Review (DUR) Commission.

COUNCIL UPDATES

Chairwoman Rebecca Peterson praised the Governors' conference on Substance Abuse event and gave congratulations to HHS for the good work.

The idea of tracking Social Meda drug trends might help get ahead of substance issues as they arise.

ADJOURNMENT

A motion was made by Dr. Donald McFarland and seconded by Dr. Monika Jindal to adjourn the meeting. Meeting adjourned at 11:20 a.m.

Respectfully Submitted by:
Laura Myers
Council Secretary