

IOWA COUNCIL ON HEALTH AND HUMAN SERVICES

**Meeting Minutes
August 29, 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
	Dr. Robert Kruse

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

- 1. Call To Order**
Council Chair Rebecca Peterson called the meeting to order at 10:00 a.m.
- 2. Roll Call**
Secretary conducted a roll call as indicated above; a quorum was present.
- 3. Approval of Minutes**
Approval of the July 11, 2024, minutes was not listed on the agenda and was postponed to be on November 21, 2024, meeting agenda.
- 4. Public Comment.**
A written comment was received regarding childcare for children with disabilities.
- 5. Council Roles and Responsibilities – Sarah Reisetter, Chief of Compliance and Deputy Director; Jancy Nielson, Legal Counsel**

Legal Counsel Jancy Nielson provided an overview of the laws related to HHS Council’s roles and responsibilities. See Appendix A for Attorney Nielson’s outline.

6. **Administrative Rules – Cassie Tracy, Operations Deputy, Division of Compliance**

Cassie Tracy provided an overview of Iowa HHS rulemakings that were published in the July 24, August 7, and August 21, 2024, Iowa Administrative Bulletins. See Appendix B for the list of rules.

Rules will be presented to the Council, and their opinions taken into consideration, even though no votes will be taken. Council members should provide their comments via email to Sarah Reisetter and or Cassie Tracy.

7. **Medicaid and Administration; Budget Overview – Liz Matney, Director, Iowa Medicaid & Division of Administration and HHS Deputy Director; Jess Benson, Chief Financial Officer**

Administration Updates

The three offices of Performance, Transformation, and Health Equity are working together with Division subject matter experts to inform strategic initiatives, project execution, change management, and mitigation of health outcome disparities.

The three offices provide standardization and guidance around:

- Surveys
- Performance measurement
- Process design
- Assessments
- System design
- Strategic planning, including with community partners
- Project implementation
- Group facilitation
- Outcome disparity tracking
- Considerations of barriers to care
- Policies and procedures to address disparities in care and engagement across the state

They also provide a supporting role for strategic project design, development and implementation alongside Division staff:

- HHS strategic plan
- Public assistance oversight project
- Therapeutic foster care
- BH and ADS system alignment
- Thrive and the Science of Hope
- Operational initiatives

To view the agency dashboards on agency programs and performance, please visit https://hhs.iowa.gov/dashboard_welcome.

HHS Budget

SFY25 Total Budget: \$13,344,113,433

State General Funding: \$2,350.6 (17%)

Federal & Other Non-General Funding: \$10,993.5 (82.4%)

Where does the money go:

- 74% - Medicaid (\$10,334,622,576)
- 9.5% - Community Access (\$1,271,966,155)
- 4.2% - Family Well-Being and Protection (\$563,525,208)
- 4.1% - Public Health (\$549,211,388)
- 2.0% - Behavioral Health (\$273,425,027)
- 1.5% - State Operated Specialty Care (\$198,978,087)
- 0.4% - Aging and Disability Services (\$53,330,003)
- 0.7% - Administration and Compliance (\$99,054,989)

The account chart will go from (1500 units) to (600) units, this will help us define where the funds are being used and by which area of the agency.

Our new cost allocation system will split federal dollars (a database system helps to make those decisions.)

This refinement will take a bit of time – but will yield more sophisticated and straightforward reporting.

The HHS Budget Book will be shared with the Council and will give more detail on HHS budget. (November Council Meeting)

- New Accounting System (March)
- New Budget Bill (May)
- New Chart of Account (July)
- New Cost Allocation System (In Progress)

8. Legislative implementation – Carrie Malone, Government Relations Director

HHS Government Relations has grown from Carrie Malone solely and added the following staff/positions:

- Sonya Streit, Legislative Liaison
- Nick Crawford, Legislative Liaison
- Jody Lane-Molnari, Associate Legislative Liaison
- Kayla Powell, Youth and Family Engagement Coordinator

The overall role of Government Relations is to engage with stakeholders and advocate for policies and regulations that align with HHS goals. This includes drafting proposals and laying the groundwork when submitting a new bill. They also help legislators understand what services are needed in their region.

2024 Session highlights include:

- Director Confirmation
- Modernizing the Health and Human Services Budget Language
- Landmark Behavioral Health Redesign
- Extending postpartum coverage for Medicaid to 12 months
- Protecting Iowa Children and Families
- Investment in PMIC level of care
- Funding expansion of the Office of the State Medical Examiner
- Extending the childcare assistance pilot
- Funding the childcare market rate survey increase
- Supporting the Governor's THRIVE initiative
- Modernize how we provide information to the legislature

HHS is working on strategies to implement legislative changes.

Other items to keep in the foreground:

- Need for equitability (resources, access, needs of community). Some counties might have towns that fall in two different regions.
- Access to mental health and dental health are an ongoing issue.
- Building resources into the regions where they are needed, for those unable to travel.
- Building a safety net and identifying and addressing areas of need.

9. Director's Report – Sarah Ekstrand, Chief of Staff

Lucas Building

- One of the most significant updates is that HHS staff are moving back into the Lucas Building in stages.
- The floors have been remodeled to accommodate our newly aligned team – ensuring that our central office team can all be in one building.
- We are already seeing the benefits of having our team in one place.

Child Care Website

- Last week HHS launched a website called [Iowa Child Care Connect](https://childcareconnect.iowa.gov) (childcareconnect.iowa.gov) to help Iowans more easily find child care availability near their homes, where they attend school or near parents and caretakers work places.

- We are proud to offer this tool to Iowa parents and families.

Other Updates

- HHS leadership has traveled the state on a Summer Tour which is stretching into fall. This included our feedback sessions on the Behavioral Health District map and a real focus on our aging plan, which was finalized and posted earlier this month.
- HHS had an inaugural booth at the Iowa State Fair in the Varied Industries Building. Staff handed out over 10,000 wellness bags to visitors over the 11 days. A leadership team member was present at each shift. In addition, eligibility workers on hand to answer questions in real time.
- HHS has been meeting with provider partners throughout the state and continues to do additional work to support QRTP and shelter providers who are supporting high acuity youth.
- HHS submitted a demonstration for the SUN Bucks Summer Feeding program. Our proposal outlined our intention to provide food boxes to families in Summer 2025. We anticipate hearing from our federal partners in the next few weeks.

Medicaid

- Work continues on the Hope and Opportunity in Many Environments (HOME) waiver redesign project. In June, the project wrapped up the Needs on Waitlist (NOW) survey to gather information from Iowans currently on the waitlist. There were 3,328 responses.
- We will have an announcement for our MCO procurement early next week.

10. State Medical Director's Report – Deputy State Medical Director, Dr. Matthew Donahue

- Dr. Donahue was introduced to the Council. He is the Iowa State Epidemiologist & Deputy Medical Director. He is a licensed MD, board-certified in Internal Medicine, trained through CDC's Epidemic Intelligence Service, certified in Clinical Tropical Medicine, practicing one day per week in clinic prior to move.
- Dr. Donahue gave a high level overview of disease and viruses of interest to our Public Health Division.

West Nile Virus (WNV) in Iowa AUG 22 first case in Iowa announced

- Virus with reservoir in birds, transmitted to humans from mosquitoes
- Activity usually peaks late summer to early fall
- Range of illness from asymptomatic to fever and mild headache, to severe disorientation and brain inflammation
- No specific treatment or vaccine
- 2023: 17 cases, 1 death
- Wear DEET, clear standing water

Oropouche Virus

NO local transmission in the US, 21 travel-related cases

- First identified 1955 in Trinidad & Tobago, endemic in Amazon Basin now
- Late 2023 large outbreaks continuing through 2024 including South America, Central America, Caribbean

Parvovirus B19

Unusual increase in activity

- Common cold virus transmitted through respiratory droplets
- “Slapped cheek” rash in children
- Unusually high transmission in Europe and, anecdotally, in the US as well
- Higher risk of miscarriage for pregnant women, can cause severe anemia in fetus
- Higher risk of complications in immunocompromised patients and those with chronic hemolytic blood disorders (e.g., sickle cell disease)

MPOX

2022 Clade II Emergence

- US: 32,063 cases, 58 deaths
- Two doses of mpox vaccine effective, throughout US only 23% eligible have both doses
- Antiviral tecovirimat available for severe illness

2024 Clade I Emergence

- AUG 14 WHO declared a Public Health Emergency of International Concern
- Similarly spread through contact with infectious lesions
- 27,000 suspected cases, 1,200 deaths
- Vaccine expected to maintain effectiveness
- Risk to US is low

11. Council Updates, Discussion

Council engaged in discussion which highlighted the anticipated influx of older adults in the coming years, how to track it, how funding can be expanded, and what services are available.

Another topic of discussion included why facilities are not accepting Medicaid and how that can be addressed.

12. ADJOURNMENT

A motion was made by Sam Wallace to adjourn the meeting; seconded by Jack Willey. Motion carried. Meeting adjourned at 2:05 pm.

Respectfully Submitted by

Laura Myers
Council Secretary

APPENDIX A

Disclaimer

This overview incorporates portions of an outline prepared by former AAG to HHS, Heather Adams. This outline provides a general overview of laws and is not intended to cover all applicable laws or the nuances of applicable laws. This document does not constitute legal advice. Specific questions should be directed to council staff and HHS legal counsel, Jancy Nielson or Kayla Burkhiser Reynolds.

Purpose and Authority

1. The Council on Health and Human Services (Council) is created by statute and mandated by Iowa Code chapter 217.
2. The council is established within the Department of Health and Human Services (HHS) to act as an advisory body on matters within the jurisdiction of HHS.
3. Iowa Code chapter 217.3 provides that the Council shall have the following powers and duties:
 - a. Organize annually and select a chairperson and vice chairperson.
 - b. Advise the department on conduct of the department and the implementation of all services and program administered by the department.
 - c. Report immediately to the governor any failure by the department to carry out any of the policy decisions or directives of the department.
 - d. Advise and make recommendations to the department on the budget of the department prior to submission to submission to the governor.
 - e. Make recommendations to the department to ensure that all programs administered, or services rendered by the department are coordinated and void of duplication from various departments.
 - f. Recommend to the governor the names of individuals qualified for the position of director when a vacancy exists in office.
4. The council may establish and utilize ad hoc advisory committees as determined necessary to advise the council related to the subject matter under the purview of the department, including but not limited to child and family services, behavioral health, public health, and the department's interactions with the juvenile justice system. The council shall establish appointment provisions, membership terms, operating guidelines, and other operational requirements for committees established pursuant to section 217.3A.
5. Members should read – and reread – the laws governing the council.
 - a. Staff, other council members, prior minutes of meetings, recent legislation, and websites are good sources of information, but council members are staggered for a reason: new council members bring a new perspective and vitality.
 - b. HHS Council may not expand their authority beyond that granted by law.

6. A council's mission is always serving a public purpose. When serving on the Council on Health and Human Services, you are representing the citizens of Iowa; always make decisions with the council's public purpose in mind.

Membership

1. The council shall consist of nine voting members appointed by the governor subject to confirmation by the senate.
2. Appointments are based on the interest in public affairs, good judgment, knowledge and ability in the field of health and human services.
 - a. Appointments shall be made to provide a diversity of interest and point of view in the membership without regard to religious opinions or affiliations.
3. The voting members of the council shall serve for six-year staggered terms.

Decision Making

1. No single HHS Council member makes decisions for HHS Council.
2. A "quorum" is required for any official council decision-making via a vote. A majority of HHS Council members (5 of 9) constitutes a quorum for HHS Council.
3. The votes of all members must be clear and public both during the meeting and in the minutes – secret voting is prohibited.

Open Meetings Law

1. Iowa Code chapter 21 governs all council meetings. Chapter 21 requires four things: (1) public notice; (2) an agenda must be posted; (3) the public must be allowed to be present; (4) minutes must be kept.
2. HHS is required to provide virtual, remote, teleconference, and other hybrid options for the members of the council.¹ Participating virtually or by other electronic methods constitute presence at the meeting for all legal purposes.
3. Exercise caution – the definition of "meeting" in Chapter 22 "means a gathering in person or by electronic means, formal or informal, of a majority of the members of a governmental body where there is deliberation or action upon any matter within the scope of the governmental body's policy-making duties."
 - a. If a majority of the council is present either in person or electronically, do not discuss council business unless you are at a council meeting preceded by proper notice to the public and a posted agenda.
 - b. Ministerial and social gatherings are not considered meetings so long as council business is not discussed.

Agendas

1. Agendas aren't just an organizational tool; it is also a guiding document for public notice. You should be sure to:
 - a. Post agendas at least 24 hours in advance; and
 - b. Clearly outline all topics going to be discussed and which topics will require a vote be taken.
2. To determine whether the council's agendas are transparent and easy to understand for the public, it is a good rule of thumb to read the council's posted agendas for the previous year. If it is hard to determine what the council discussed or voted on, the council might look to include more detail in its agendas.
3. Follow the posted agenda. If a new idea or topic comes up at council, it should be placed on the next meeting's agenda, unless there is an emergency requiring immediate action.

Transparency and the Public

1. While the public does not have the right to participate, they do have the right to observe, record, and photograph open sessions unless uses of technology obstruct the meeting.
2. HHS Council may provide opportunities for public input at meetings.

Keeping Minutes

1. In the spirit of transparency, keeping minutes creates a permanent record of who met, when they met, discussion and decision points, and by what votes decisions were solidified.
2. Minutes are a vital tool for conducting the public's business in a transparent way. They also:
 - a. Help the council with organization; and
 - b. Allow lowans to review public action taken on their behalf.
3. Mechanics of Minutes. Minutes must always include:
 - a. The date, time, and place of a meeting.
 - b. Members present; and
 - c. Actions taken, with sufficient information to reflect member's votes.
4. If a closed session is held:
 - a. The minutes of the open session must include the legal grounds for a closed session.
 - b. The vote of each member on whether to go into closed session; and
 - c. Any final action taken.
 - d. **NO FINAL VOTES MAY BE TAKEN IN CLOSED SESSION.**

5. Alternative meeting modalities. If a meeting must be held telephonically, not reasonably accessible to the public, or in cases of emergency, the minutes must explain the legal basis for doing so.
 - a. Emergency meetings are those with less than 24 hours' notice.

Closed Sessions

1. Closed sessions are to be taken very seriously. Never ask the public to leave a meeting so that the council may discuss in private unless there is a sound legal basis to do so.
2. The council cannot go into closed session unless the council first meets in an open session with all proper notice requirements (24-hour notice and a posted agenda).
3. The council is only allowed to close an open session if clearly given authority in statute. For example, a board or council is allowed to go into closed session to discuss:
 - a. Pending litigation with counsel;
 - b. Confidential records;
 - c. Certain personnel matters; or
 - d. The decision to be issued in a contested case.
4. To be certain that there are sound legal grounds for entering a closed session, always consult with the council's assigned legal counsel. Be sure to get the advice in writing or ensure that the advice is reported in the meeting minutes.
5. After announcing the legal basis for a closed session, be sure to take a roll call vote.
 - a. Council can only enter closed session with an affirmative vote of two-thirds of the members or all members present.
6. After entering a closed session, the council must:
 - a. Record the session and retain the recording for at least a year.
 - b. Take detailed minutes.
 - c. Limit the discussion to the announced basis for the closed session.
7. Final action can only be taken in open session. When closed discussion has finished, return to open session, allow individuals back into the room, make a motion, and take a vote on any final action in open session.

Public Records Law

1. Boards and councils are subject to Iowa Code Chapter 22 – Public Records Law.
 - a. The council's records are open to public examination unless they are specifically made confidential under law.
2. Public records can be in any form, including e-mail. Do not commingle official council business emails with your personal email. Council staff or assigned legal

counsel can advise on methods to separate emails.

3. It is prudent to assume any record you create or receive as a council member is a public record that may be open to the public upon request.
4. The public records contact for your council is HHS's Open Records Compliance Officer.
 - a. Requests you receive for public records should be referred to the council's public records contact.
 - b. The public records contact is familiar with the law and can assure proper response to requests for public records.
5. Exercise caution in creating or receiving any records that may be confidential. It is rare for council members to receive confidential records, however, there may be severe penalties for releasing certain types of confidential records.
6. Examples of records that may be fully or partially confidential include, but are not limited to:
 - a. Applications containing social security numbers or credit card numbers;
 - b. Mental health or other health records;
 - c. Complaints against licensees; or
 - d. Criminal history background reports.

Open Meetings Enforcement

1. Actions to enforce Iowa's Open Meetings and Public Records laws can be brought by any of the following:
 - a. A citizen of Iowa;
 - b. A person who pays taxes of any type to the state of Iowa;
 - c. A person individually aggrieved by a violation;
 - d. A county attorney; and
 - e. The Attorney General.
2. Actions can be brought either in court or before the Iowa Public Information Board (IPIB)
3. Complaints about alleged violations may be made directly to:
 - a. The council;
 - b. The council's staff or counsel;
 - c. The Ombudsman's Office;
 - d. The Attorney General;
 - e. The Governor's Office;
 - f. The Iowa Public Information Board (IPIB); or
 - g. Elected Officials.
4. Take all violations very seriously. Remedies include removal from office upon a second violation, damages up to \$2,500 for a knowing violation, expenses and attorneys fees, and injunctive relief.

5. Even honest mistakes can be violations of Iowa's open meetings laws, but council members can avoid personal liability by relying upon the advice of counsel, formally given in writing or provided orally and memorialized in the meeting minutes.

Additional Laws Governing Council Members

Gift Law

Council members may not accept gifts from individuals you regulate or contract within a professional capacity as a member of HHS Council.

1. This is defined as receiving something for free or for less than it is worth.
2. Ask your assigned legal counsel, council staff, or the Ethics and Campaign Disclosure Board for guidance on gift law compliance.

Sales Or Leases of Goods Or Services

If you sell or lease goods or services to those regulated by your council, ask your assigned counsel, council staff, or the Ethics and Campaign Disclosure Board for guidance on applicable laws.

Lobbying

Iowa HHS has a designated team of registered government relations liaisons who represent the council. Individual council members should not lobby legislators on behalf of the council or the Department. Engage your assigned legal counsel if you have specific lobbying questions.

Conflicts Of Interest

Council members should avoid conflicts of interest, but how and when they arise can be unique to certain boards and councils. Iowa law often requires the appointment of at least some persons who are regulated by the Board.

Any time your objectivity may be impaired or there is an appearance of impropriety, seek advice from your assigned legal counsel.

Judicial Review

All council action or inaction is subject to review in court on a variety of grounds including whether action is:

- a. Compliant with the United States or Iowa Constitutions, statutes, or rules.
- b. Consistent, nonarbitrary, logical, and reasonable.
- c. Supported by facts and law.

Litigation

If the council or its individual members are sued related to council action, members acting in good faith in their official council capacity are generally defended by the Attorney General and indemnified by the State.

APPENDIX B

Iowa Department of Health and Human Services Rulemakings
July 24, August 7, and August 21, 2024 Iowa Administrative Bulletins

July 24, 2024 IAB

1. No HHS rules were published.

August 7, 2024 IAB

1. **ARC 8192C, Amended NOIA 441-170, Childcare Services:** This proposed rulemaking implements the Child Care Assistance (CCA) program. The proposed amendments to Chapter 170 update the family income limit to 160 percent of the federal poverty level (FPL), revise the provider reimbursement rates, and update the minimum hours of participation from 28 to 32 for families that do not include a special needs child. Also, these amendments revise the CCA family fee chart to update annual FPL changes.
2. **ARC 8183C, Amended NOIA 441-201, Subsidized Adoptions:** This proposed rulemaking seeks to increase access to adoptive arrangements for children with special needs, older children, and children otherwise hard to place in an adoptive home by implementing a subsidized adoption program. This program provides financial assistance to interested adoptive parents capable of providing suitable care but lacking in necessary economic resources. To be eligible, a child under the guardianship of HHS must have been determined by a qualified health care professional to have met the definition of special needs included in this chapter, or be aged five or over, or be a member of a sibling group of three or more children who are placed in the same adoptive home. A child in the guardianship of a licensed child-placing agency may be eligible for subsidy if the child is eligible to receive Supplemental Security Income (SSI) based on a diagnosed disability or if the child has received a federally funded adoption subsidy in a prior adoption. Subsidy payments to approved adoptive parents may include:
 - a. Special Services Assistance: Compensation for medical, dental, therapeutic, educational, or other similar service or appliance required by an adopted child by reason of a disability.
 - b. Monthly Maintenance Assistance: Monthly payment to assist with room, board, clothing, and spending money. The maximum monthly payment rate is pursuant to the foster family care maintenance rates.
3. **ARC 8191C, Amended NOIA 641-11, HIV/AIDS:** This proposed rulemaking describes HHS procedures and programs related to HIV and AIDS. This includes reporting of new diagnoses, protocols concerning individuals voluntarily seeking testing, procedures when a health care worker has an occupational exposure, reporting requirements should a positive test be

confirmed, and notification and testing requirements when a third party is found to have been exposed. These rules additionally implement HIV-related training programs and set procedures for eligibility and enrollment in the Ryan White Program. The Ryan White Program is a federally designated program that supports eligible low-income Iowans living with HIV/AIDS with medical and support services and assistance with the cost of medication and health insurance. Under federal legislation, it is the payer of last resort for HIV-related services. The Ryan White Program is not an entitlement program and does not create a right to assistance. The procedures and programs described in this chapter are designed to provide appropriate individuals and community-level protections related to an HIV/AIDS diagnosis. They also provide for access to health care services for people diagnosed and living with HIV/AIDS in Iowa.

4. **ARC 8193C, Adopted and Filed 641-106, State Funded OB Fellowship:** This chapter allows Iowa teaching hospitals to participate in a Family Medicine Obstetrics Fellowship program, as laid out in 2023 Iowa Acts, Senate File 561. Participating hospitals are eligible to apply for reimbursement for the cost of training and teaching the fellows.
5. **ARC 8178C, Adopted and Filed Emergency after Notice 641-156, Consumable Hemp:** This rulemaking implements 2024 Iowa Acts, House File 2605. The legislation requires the maximum consumable hemp product tetrahydrocannabinol (THC) concentration to be less than or equal to the lesser of 0.3 percent on a dry weight basis or four milligrams per serving and ten milligrams per container on a dry weight basis. It also requires HHS to adopt rules for consumable hemp product packaging and labeling requirements (including a requirement for an affixed notice advising consumers regarding risks associated with its use) and requirements for manufacturing, selling, or consuming a consumable hemp product.

August 21, 2024 IAB

1. **ARC 8204C, Adopted and Filed 441-78, 90 Day Rx:** Currently, a one-month supply of covered prescription and nonprescription medications for Iowa Medicaid members is permitted, excluding contraceptives that can be prescribed in three-month quantities. The Department temporarily allowed an optional 90-day supply on all medications from March 19, 2020, through May 12, 2023, due to the Public Health Emergency (PHE). This rulemaking allows reimplementing of an optional 90-day 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 Medicaid Drug Utilization Review (DUR) Commission, outlined below. Surrounding states that allow 90-day supply prescription quantities for Medicaid members include Nebraska, Missouri, Kansas, Minnesota, and Wisconsin.

2. **ARC 8197C, Adopted and Filed 441-202, Foster Care Placement and Services:** This chapter outlines foster care placement and services, including services to foster parents. 2023 Iowa Acts, House File 584, established a Foster Parent Bill of Rights that is designed to inform foster parents of their rights within the child welfare system. Previous language was revised and new language was added to ensure that foster parent rights are clearly outlined and in one central location for them to access.