

Council on Health and Human Services

Meeting Minutes
November 21, 2024

COUNCIL MEMBERS	EX-OFFICIO MEMBERS
Chair Rebecca Peterson ✓	Senator Jeff Edler
Andrew Allen ✓	Senator Sarah Trone Garriott
Kay Fisk ✓	Representative Heather Matson ✓
Dr. Monika Jindal ✓	Representative Ann Meyer ✓
Dr. Donald Macfarlane ✓	
Sandra McGrath ✓	
Samantha Rozeboom, DNP ✓	
Sam Wallace ✓	
Jack Willey ✓	

1. Call to Order

Council Chair Rebecca Peterson called the meeting to order at 10:02 a.m.

2. Roll Call

Secretary conducted a roll call as indicated above; a quorum was present.

3. Approval of Minutes

Andrew Allen moved to approve the July 11, 2024, minutes, and to correct the spelling of “Amber” to “Ember”; seconded by Jack Willey. Motion carried by voice vote.

Andrew Allen moved to approve the August 29, 2024, minutes; seconded by Samantha Rozeboom. Motion carried by voice vote.

4. Public Comment

A written public comment regarding childcare for children with disabilities was submitted on August 29, 2024, after the Council meeting adjourned. The written public comment will be distributed to the Council. HHS staff is working to address the concerns set forth in the written public comment.

5. **Council Roles and Responsibilities – Ad Hoc Committees**

HHS Legal Counsel Jancy Nielson and Deputy Directory Sarah Reisetter provided an overview of the HHS Council duties that changed or were gained as a result of the 2024 legislation related to boards and commissions (Senate File 2385), and behavioral health system alignment (House File 2673). The legislation eliminated or restructured a number of state boards and commissions.

Legal Counsel Jancy Nielson and Deputy Directory Sarah Reisetter also outlined HHS Council's authority to establish ad hoc committees and meeting procedures. They recommended that HHS Council review ad hoc committees annually for status and if any changes need to be made.

The Department will assist the Council on learning more about additional duties in future meetings and whether ad hoc committees are recommended.

Council suggested that ad hoc committees report to the Council on a regular basis so they can stay informed of the issues.

- a. **Substance Use Disorder Subcommittee.** The Substance Use Disorder Subcommittee was an ad hoc subcommittee previously established by the HHS Council. The 2024 legislation reassigned the requirements related to substance use disorder licensing from the Council to the Department. The Substance Use Disorder Subcommittee has fulfilled its requirements; it can be later reinstated or reformed. Samantha Rozeboom moved to sunset the subcommittee; seconded by Dr. Jindal. Motion carried by voice vote.
- b. **Congenital and Inherited Disorders Advisory Committee.** The legislation eliminated the Congenital and Inherited Disorder Advisory Committee and reassigned the duties to the HHS Council. Ken Sharp, Public Health Operations Deputy, recommended that an ad hoc committee be established based on the list of potential members provided in the Council's meeting materials. Jack Willey moved to establish the Congenital and Inherited Disorders Ad Hoc Committee as recommended; seconded by Dr. Jindal. Motion carried by voice vote.
- c. **Advisory Council on Brain Injuries.** The Advisory Council on Brain Injuries was eliminated by legislation, and its duties were reassigned to the HHS Council. Federal law requires the state to have a Brain Injury Advisory Council, with specifications for functions and membership, to receive grant funding.

Mr. Sharp recommended that the HHS Council establish the Brain Injury Advisory Council as an ad hoc committee based on the list of potential members distributed in the meeting materials. The ad hoc committee is required to submit a quarterly report to the Council. Council requested that the Brain Injury Advisory Council (ad hoc committee) establish a one-sentence mission statement and report back to the Council in a future meeting.

Tom Brown, Brain Injury Alliance of Iowa, provided comments during the discussion in support of the formation of the ad hoc committee and the Department's work related to brain injury.

Dr. Jindal moved that the HHS Council establish the Brain Injury Advisory Council as an ad hoc committee, to report to the Council quarterly, and to create a mission statement; seconded by Samantha Rozeboom. Motion carried by voice vote.

- d. **Emergency Medical Services.** Legislation eliminated the Emergency Medical Services Advisory Council. The amended law states that the HHS Council shall advise the director and develop policy recommendations concerning the regulation, administration, and coordination of emergency medical services.

Mr. Sharp does not recommend establishing an ad hoc committee at this time, and no action was taken by HHS Council. The Department will report to the Council as needed.

- e. **Children's Behavioral Health System State Board Report.** Nick Crawford, HHS Legislative Liaison, summarized the Children's Behavioral Health System State Board Report as distributed in Council's meeting materials. Legislation eliminated the Children's Behavioral Health System State Board, and duties were reassigned to the HHS Council. However, those duties will be repealed in 2025 due to the Behavioral Health System changes. The amended law requires the HHS Council to submit a report by December 1 to the Governor and General Assembly.

Council recommended that children's health be a priority because youth and young adults need different services. Council suggested keeping children's behavioral health within their purview.

Andrew Allen moved to approve the report with changes to correct the spelling of the names of Council members listed in the report; seconded by Jack Willey.
Motion carried by voice vote.

6. **Budget**

HHS Chief Financial Officer Jess Benson provided an overview of the agency's budget. The Agency dashboard on the HHS website is a great resource to find information related to HHS programs, fiscal information, and budget. A breakdown of spending by program by dollars and percentage can be found in the linked report https://publications.iowa.gov/51215/7/Composite%20and%20Annual%20Report%20Final_V2.pdf

The annual budget request has been submitted to the Governor's Office. We are working with them to identify any additional needs.

7. **Administrative Rules**

Compliance Officer Victoria Daniels and Appeals Bureau Chief Denise Dutton highlighted items published in the Iowa Administrative Bulletin since Council last met.

- September's Bulletins included an adopted filing making refinements to the Department's uniform rules.
- The Department submitted 94 Regulatory Analyses that were published in October's Bulletins.
- November's Bulletins contained one adopted filing for rules surrounding HIV/AIDS.
- At the end of the year, all the Regulatory Analyses will be submitted as Notices of Intended Action.
- The Department is working on rules to implement the new Behavioral Health Service System.
- The Department will also soon begin work on the rule chapters scheduled for Red Tape Review in 2025.

8. **Community Access and Eligibility**

- a. Erin Drinnin, Division Director of Community Access and Eligibility, gave an update on the division. The presentation topics covered the division programs, a benefits delivery modernization roadmap, economic mobility project, and women's health strategic plan. The division assists with:
 - Child Support Services
 - Economic Assistance
 - Community Services
 - Volunteer Iowa
 - Wellness and Preventive Health

The division is working to:

- Reform Customer Service
- Integration of Community Partners
- A Trustworthy System (online, in-person and on the phone.
- Wider implementation of Modern Technology
- Quick and simple access to benefits
- Upward economic mobility for lowans

b. Juliann Van Liew, Director of Wellness and Preventive Health, discussed the Women's Health Strategic Plan. It is a comprehensive plan with a focus on:

- Women's cancer
- Chronic disease
- Maternal and reproductive health
- Behavioral health
- Violence prevention
- Aging for women
- Data for action

9. Public Health Update

a. Dr. Robert Kruse, State Medical Director, gave an update on Public Health, focusing on Lassa Fever Response and Cannabis Use in Adolescents and Pregnancy.

- Lassa fever is caused by a virus that normally circulates in Western Africa. Nine travel-associated cases have been identified in the US over the past 55 years. Approximately 80% of people who develop Lassa fever have mild symptoms. HHS collaborated with partners, including CDC, local health departments, and the State Hygienic Lab, for contact tracing and testing. The close contacts were identified and assessed.
- The effects of cannabis use in teens include cognitive impairments, health risks, social and academic challenges, driving impairment, and addiction potential. He also discussed the maternal effects of cannabis use and neonatal effects.

b. Owen Parker, Bureau Chief, Cannabis Regulation, gave a presentation on medical cannabis and consumable hemp.

- Medical Cannabis
 - 48 states allow for the use of cannabis for medical purposes. Iowa's program launched in 2018.

- Requires certification of a Qualifying Condition by a Healthcare Practitioner (MD/DO, ARNP, PA).
- Patients can only purchase products from one of five licensed Dispensaries.
- Highly Regulated
- Consumable Hemp
 - 2018 Farm Bill
 - 2018 Hemp Act, Consumable Hemp Program created in 2019.
 - Federal structure did not intend for, or foresee, the industry it was creating, leading to limited or no Federal guidance, regulation, or enforcement.
 - A medical registration card is not required for product purchases.
 - Iowa has better regulation and enforcement than most.

10. Director's Update

Chief of Staff Sarah Ekstrand provided a department update on behalf of the Director.

- HHS leadership traveled the state and discussed the new behavioral health system, the Thrive initiative, Solutions for Aging with Independence and Longevity (SAIL), and met with local public health departments.
- Many townhall events were held for input on the Behavioral Health State Plan.
- Focus on early intervention and prevention work
- Perinatal initiative to improve outcomes in birthing hospitals
- Safe Kids - Portfolio of projects to transform child protective services in Iowa. It has four focus areas: This is a portfolio of projects themed on creating a strong workforce, communication, elevating care to meet unique needs.

11. Council Updates

Council discussed creating additional ad hoc committees that would include a mission statement, reporting schedule, member suggestion, and goals. Suggestions for ad hoc committees include:

- Tobacco Use and Control
- Children's Behavioral Health
- Mind Altering Drugs (Cannabis)

Chair Peterson recommended that these ad hoc committee be placed on the agenda for a vote at the next meeting.

If the Department is able to research/study a topic that the Council is interested in receiving information submitting a report to Council, that could be done in lieu of establishing an ad hoc committee.

Council would also like to hear updates on topics at future meetings, such as Public Health updates on vaccines, whooping cough and the Economic Mobility Conference.

12. Adjournment

Jack Willey moved to adjourn, seconded by Sam Wallace. Motion carried by voice vote. Meeting adjourned at 2:13 p.m.