

# Iowa HHS Joint Agency Meeting

REGULARLY SCHEDULED 09/14/2022

10:00AM TO 2:00 PM

LOCATION: ZOOM VIRTUAL MEETING

## MEETING DETAILS:

<https://us02web.zoom.us/j/86235396515?pwd=UzFGSGdkUStUVEF6MkZ3S0JZK1cxUT09>

Join by Phone: +1 312 626 6799

Meeting ID: 862 3539 6515 and Passcode: 923054

## Agenda

Board Members: Andrew Allen; Leone Junck; George Kovach, MD; Donald Macfarlane, MD, PhD; Sandra McGrath, RN; Kierstyn Borg Mickelson; Nick Ryan, JD; Chelcee Schleuger, RN, BSN; Samantha Rozeboom, MD, Anne McBride, RN

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.

- 10:00 A.M.** Call to order; roll call to determine if a quorum is present
- 10:05 A.M.** Board Minutes for Consideration of Approval -07/13/2022
- 10:10 A.M.** PHAB Reaccreditation Update - Marisa Roseberry and Andrea Bentzinger
- 10:20 A.M.** State Health Assessment – Jonn Durbin
- 10:30 A.M.** Administrative Rules – Department of Public Health [641] – Susan Dixon
  - I. Adopted and Filed
    - a. Chapter 4, “Center for Congenital and Inherited Disorders”
    - b. Chapter 14, “Water Treatment Systems”
- 10:40 A.M.** Substance Use & Problem Gambling Treatment Program Committee Update
- 11:00 A.M.** Transition to joint agency meeting with Council for DHS

**11:05 A.M.** Discussion on HHS Governance Structure – Director Kelly Garcia

**12:00 P.M.** State Board of Health members adjourn

**12:05 P.M.** Council for DHS proceeds with scheduled agenda procedures

**Iowa State Board of Health**  
**7/13/2022**  
**Draft - MEETING MINUTES**

Members Present: Donald Macfarlane, MD, PHD, Chair  
Andrew Allen, Vice-Chair  
George Kovach, MD  
Leone Junck  
Sandra McGrath, RN  
Nick Ryan, JD  
Chelcee Schleuger, RN, BSN  
Michael Wolnerman, RPh, CCIM

Members Absent: Kierstyn Borg Mickelson

Staff Present: Heather Adams, Assistant Attorney General  
Kelly Garcia, Interim Director  
Ken Sharp, Division Director  
Sarah Resisetter, J.D., Deputy Director  
Ilesha Smith, Recording Officer

Staff Absent: None

**Call to Order & Roll Call**

Donald Macfarlane called the video meeting to order at 10:00 AM. Roll call was taken to determine if a quorum was present.

**Approval of Minutes from 5/11/2022**

On a motion by George Kovach, seconded by Allen Andrew, all members present voted unanimously to approve the minutes.

**Administrative Rules - Iowa Department of Public Health [641] - Notice of Termination  
Chapter 4, “Center for Congenital and Inherited Disorders”**

The proposed decision to terminate the Notice of Intended Action for Chapter 4 originated from the original NOIA which addressed updates outside of the scope of the Iowa Acts Senate File 2345. The termination will allow for a resubmittal of Ch. 4 NOIA that is limited in scope outlined in the legislation.

On a motion by Sandra McGrath, seconded by Donald Macfarlane, all members present voted unanimously to approve.

**Administrative Rules - Iowa Department of Public Health [641] - Notice of Intended Action  
Chapter 4,  
“Center for Congenital and Inherited Disorders”**

The proposed amendments will add definitions for “Iowa newborn screening panel,” “Iowa newborn screening program,” and “federal recommended uniform screening panel,” rescinds language requiring State Board of Health approval to add or remove disorders, giving fee authority to State Hygienic Laboratory. Changes required by law after passage of SF2345.

Leone Junck asked about why a parent would deny certain screenings for a newborn. There are some personal preferences that parents would like to have when it comes to screening of their child. George Kovach asked if some parents have denied screening. Some parents have denied the screening, a small percentage. Sandra McGrath mentioned some parents are concerned about insurance and the billing of the screening services could be difficult. Donald Macfarlane shared insight on how insurance companies would charge for services depending on the first or second day of birth.

No action was required.

#### Chapter 14, “Water Treatment Systems”

This proposed rescission of Chapter 14 will eliminate the registration requirement at the state level for water treatment systems in regards to Senate File 2232 signed by Governor Reynolds. It is now unlawful practice for a person to sell, lease, rent, or advertise the sale, lease or rental of a water treatment system in this state.

George Kovach inquired about the water treatment product needing to be certified and not the seller. Ken provided additional context on the current practices of national governing bodies that have taken on responsibility to address consumer safety for these products.

No action was required.

#### **Administrative Rules - Iowa Department of Public Health [641] - Adopted and Filed**

##### Chapter 11, “Human Immunodeficiency Virus (HIV) Infection and Acquired Immune Deficiency Syndrome (AIDS)”

The amendments increase the eligibility for the AIDS Drug Assistance Program for medication and insurance assistance. The amendments also modify the requirements for medication assistance to account for some health plans. The Department received one comment in support of the amendments.

On a motion by George Kovach, seconded by Leone Junck, all members present voted unanimously to approve.

##### Chapter 42, “Permit to Operate Ionizing Radiation Producing Machines or Administer Radioactive Materials”

The amendments address changes made in the American Registry of Radiologic Technologists (AART) policies and procedures. The AART is recognized by national accreditation entities and regulatory bodies, including the Department. The Department tries to align rules with AART

requirements whenever possible to reduce duplication, conflicting requirements, and burden on the regulated community.

On a motion by Andrew Allen, seconded by George Kovach, all members present voted unanimously to approve.

Chapter 73. "Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The amendment will ensure Iowa can move with the federal WIC Online Ordering Pilot Project by allowing a WIC participant, vendor, or contract agency to participate in the project.

On a motion by Sandra McGrath, seconded by George Kovach, all members present voted unanimously to approve.

**Substance Use/Problem Gambling Treatment Program Committee Report**

The committee approved the following:

- One - Two year license
- One - Three year license
- Three - Deemed status
- One - Denial, then Approved for two year license

**Director's Report - Kelly Garcia, Intertim Director**

Director Kelly Garcia provided information on merging the DHS and IDPH web pages. Work is being done to clean up and merge content information. Much of the alignment work is ahead of schedule. Early fall will be when the communications share the updates with a launch scheduled for October. A human centered design approach focuses on client perspectives and designing a webpage to meet their needs. Rebranding efforts have taken into consideration the uniqueness of program areas and how to create a "family of brands" for the new agency. In a survey sent to department staff, "trusted partner" was a common theme found in the results. The new brand will be displayed at the July 29th town hall sessions. Additional guidance will be provided on the branding updates.

The department announced Iowa's first case. Vaccine was secured and the public health team developed a process that was smooth. Polk county made the decision to announce a case in the county.

The National Suicide Prevention hotline, 988, goes live July 16th. A press release will be issued on the 15th announcing the new hotline. The CDC came to complete their visit in early July and provided preliminary findings of their work. The next steps will be for CDC to provide a formal report and a set of recommendations.

Healthy Iowans released the latest State Health Assessment with seven priorities for Iowa: access to care, economic stability and income, housing, mental health and mental disorders, active living and healthy eating, substance use, and cancer.

Director Garcia will be working with Glenwood Resource leaders on conversations on systemic issues supporting community living. Director Garcia also visited the mental health institute facility in Cherokee to discuss services on inpatient treatment and forensic commitments. In the next few weeks, Director Garcia and Susie Christensen, the Chief Justice of the Supreme Court, will go on a listening tour to each corner of the state engaging clients, social workers, justice system leaders, community members, case workers, etc. These conversations will allow for the HHS agency to address the challenges families face when obtaining services and how to reduce some burdens when services are needed.

Director Garcia has asked board members to start thinking about what the State Board of Health and Council for DHS will look like under the new agency. There are discussions looking at the current statutes in place and how the new governing structure should look like in the future. This will be a topic of discussion for the next meeting. Director Garcia is also engaging the Council for DHS to also consider the same for the next meeting as well. Similar discussions will be had with the advisory committees and thinking of ways to consolidate the numerous groups currently present.

### **Adjournment**

On a motion by Sandra McGrath, seconded by Leone Junck, all members present voted unanimously to adjourn at approximately 11:05 AM.

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STATE OF IOWA DEPARTMENT OF

Health <sup>AND</sup> Human

SERVICES

# Public Health Reaccreditation Plan

August 2022

# Accreditation Overview

- Accredited on November 20, 2018
- Emphasized improving the quality of our work, embracing a culture of quality, demonstrated our ability to meet national best practices
- Public Health Accreditation Board (PHAB) is the national accrediting entity
- 10 domains of the standards and measures the align with the 10 essential public health services



# Reaccreditation

- Division of Public Health is the entity eligible for PHAB accreditation
- Apply for reaccreditation October - December 2023
- Will likely request an extension in light of alignment

# Reaccreditation Plan

- Guides reaccreditation efforts in 3 main priority areas
  - Annual reports
  - Leadership priorities
  - Reaccreditation preparation
- Presents the plan assuming the department will be accredited on schedule, but flexible to meet the needs of the agency (excluding annual reporting requirements)

# Appendix D

- Domains with the measures, deadlines, team members, and alignment considerations
- Identifies team members and timelines for documentation collection
- ***Important to note:*** need to decide if will use Division of Public Health or HHS documentation
  - If Public Health needs to develop a PH component of a larger HHS plan or policy, we will need time to do that
  - 10 places in our to do items in Appendix D that we need to decide



# Healthy Iowans: Iowa's 2021-2022 State Health Assessment

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Iowa State Board of Health  
September 14, 2022



**Presented by:** Jonn Durbin  
Bureau of Public Health Performance  
Division of Public Health  
Iowa Department of Health and Human Services

# What is Healthy Iowans? (SHA & SHIP)



A statewide process to identify the most important factors that shape health in Iowa and to work together on strategies to improve health for all who live, learn, work, and play in the state.

- 5 year process
- Required for PHAB accreditation

# Healthy Iowans Partnership: Steering Committee

- Guide the SHA SHIP process
- 22 organizations from a variety of sectors

Delta Dental of Iowa Foundation

Department of Education

Department of Human Rights

Department on Aging

Food Bank of Iowa

Great Plains Action Society

Healthiest State Initiative

Iowa ACEs 360

Iowa Behavioral Health Association

Iowa Economic Development Authority

Iowa International Center

Iowa Medicaid Enterprise

Iowa Primary Care Association

Iowa Public Health Association

Iowa Rural Health Association

ISU Extension and Outreach

NAMI Iowa

NAACP - Iowa Nebraska Chapter

One Iowa

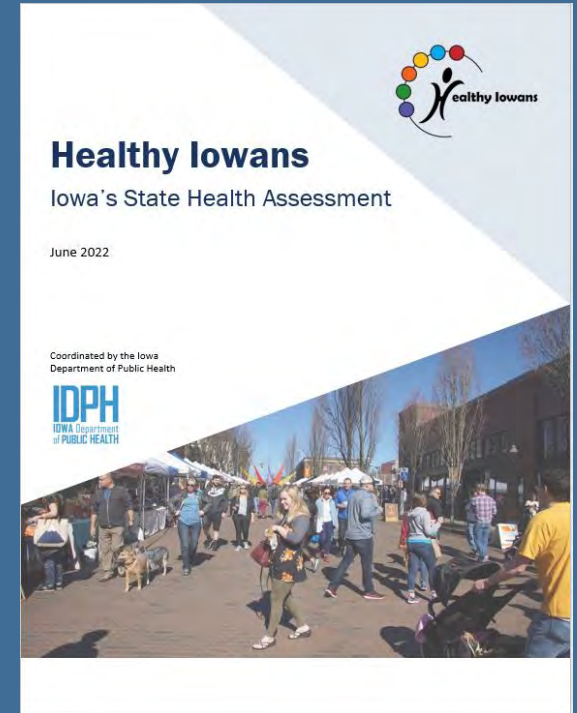
The Wellmark Foundation

United Way of Central Iowa

U of I Center for Disabilities and Development

# 2021-2022 State Health Assessment

- Assesses Iowa's current population demographics, social determinants of health, and health-related outcomes
  - Analysis of national indicators
  - Reviewed Iowa's population
- Statewide health assessment survey



# 2021-2022 State Health Assessment - Priorities

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## Social, Economic, and Environmental Factors

- Access to Care
  - Health insurance, providers
- Economic Stability and Income
  - Income and living wage, poverty
- Housing
  - Homelessness, homeownership, housing affordability, housing problems





# 2021-2022 State Health Assessment - Priorities

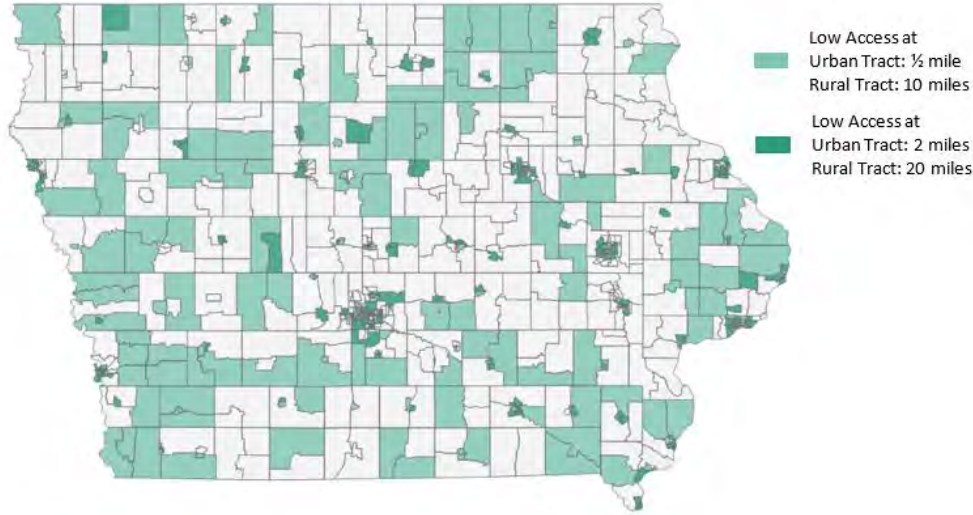
## Health Behaviors and Outcomes

- **Mental Health and Mental Disorders**
  - Access & providers, depression, frequent mental distress, suicide
- **Active Living and Healthy Eating**
  - Healthy body weight, nutrition, food access, physical activity
- **Substance Use**
  - People with substance use disorder, alcohol use & binge drinking, drug use
- **Cancer**
  - Cancer burden, cancer deaths, cancer screenings



# 2021-2022 SHA

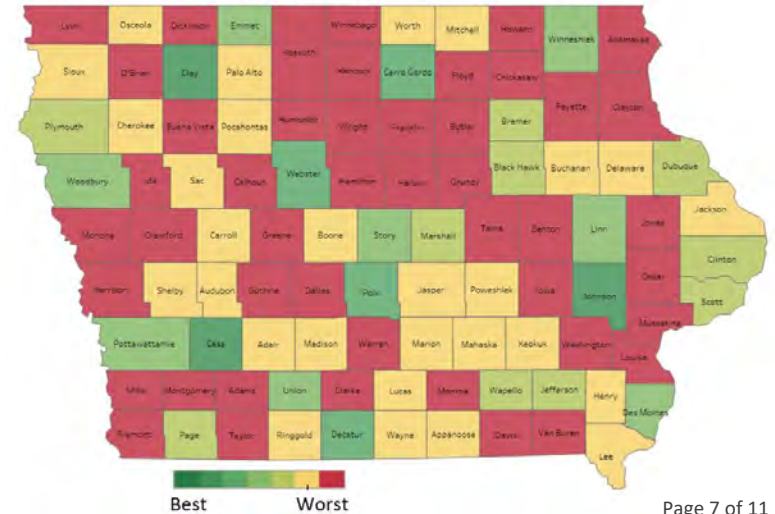
Areas of Low Food Access by Census Tract, 2019<sup>10</sup>



Excessive Drinking\* by Age and Sex, 2020<sup>3</sup>

| Population | Iowa % | US % |
|------------|--------|------|
| Age 18-44  | 32.2   | 23.4 |
| Age 45-64  | 20.8   | 15.5 |
| Age 65+    | 7.2    | 7.4  |
| Female     | 16.6   | 13.6 |
| Male       | 29.1   | 21.3 |

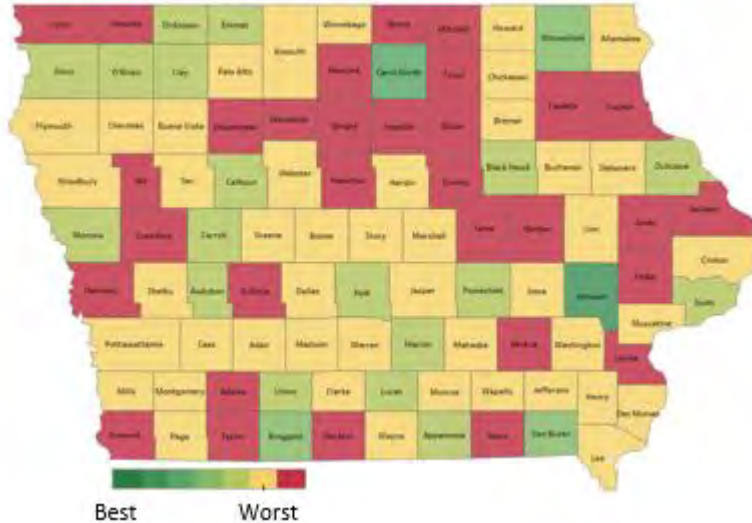
Ratio of Population to Mental Health Providers\*, 2020<sup>3</sup>



As of 2020, Iowa had the **highest rate in the nation** for adults aged 18 -25 with substance use disorder.

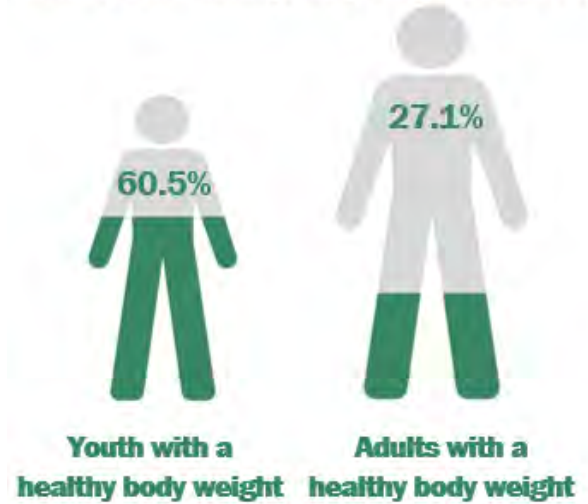
# 2021-2022 SHA

Ratio of Population to Primary Care Physicians, 2018<sup>8</sup>



There were **2,647** people in Iowa experiencing homelessness on any given day, as of January 2020.

Iowans with Healthy Body Weight 2019-2020



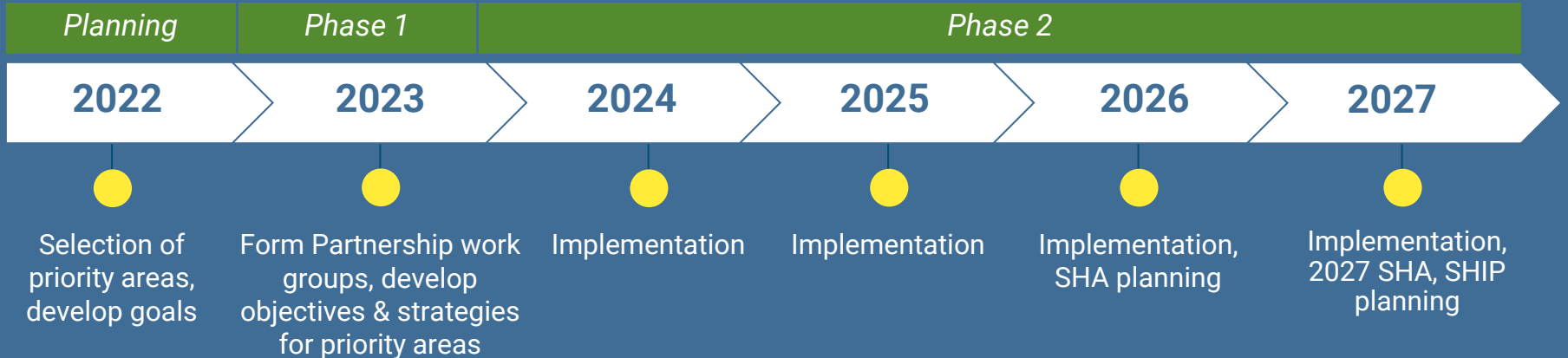
Percent of Iowa Adults Reporting Any Leisure-Time Physical Activity by Income, 2020



# State Health Improvement Plan (SHIP)

Identifies actionable priorities for the state based on the state health assessment results

- Phase 1: Strengthening Relationships: Healthy Iowans Partnership
- Phase 2: Building action plans to improve outcomes for priority areas
- Implementation and evaluation each year




# Opportunities for Collaboration

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We want to engage the State Board of Health in the Healthy Iowans process

How SBOH members can get involved:

1. Share the SHA
2. Engage with Healthy Iowans Partnership
3. Encourage subscription to our newsletter



How can we  
increase  
engagement in  
Healthy Iowans?

# How to Stay Informed

<https://idph.iowa.gov/healthy-iowans>



Healthy Iowans Team:

- Marisa Roseberry
- Jonn Durbin
- Gabby Janovec
- Louise Lex

Email: [healthy.iowans@idph.iowa.gov](mailto:healthy.iowans@idph.iowa.gov)

## **PUBLIC HEALTH DEPARTMENT [641]**

### **Adopted and Filed**

The Public Health Department hereby amends 4, “Center for Congenital and Inherited Disorders,” Iowa Administrative Code.

#### *Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 136A.8 and 2022 Iowa Acts, Senate File 2345.

#### *State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapter 136A and 2022 Iowa Acts, Senate File 2345.

#### *Purpose and Summary*

The amendments will accomplish the following:

- Add definitions of “Iowa newborn screening panel,” “Iowa newborn screening program,” and “federal recommended uniform screening panel” (pursuant to 2022 Iowa Acts, Senate File 2345).
- Rescind language requiring State Board of Health approval to add disorders to or remove disorders from the newborn screening panel.
- Provide a fax number for the submission of refusal forms.
- Remove language establishing the newborn screening fee and describe the authority given to the State Hygienic Laboratory (SHL) to establish the newborn screening fee, pursuant to Senate File 2345.
- Describe the authority given through Senate File 2345 to the Congenital and Inherited Disorders Advisory Committee (CIDAC) to review newborn screening conditions on the

federal recommended uniform screening panel (U.S. Department of Health and Human Services Recommended Uniform Screening Panel (RUSP)) to determine whether to add them to Iowa's newborn screening panel.

- Establish timelines for CIDAC's review and consideration of RUSP conditions (within 12 months of the addition of the condition to the RUSP) and for the Department to add the condition(s) to the state newborn screening panel (within 18 months of CIDAC's recommendation).

- Add a description of CIDAC membership pursuant to Senate File 2345.

#### *Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on July 27, 2022, as **ARC 6432C**. The Department did not receive any comments on the proposed amendments. No changes from the Notice have been made.

#### *Adoption of Rule Making*

This rule making was adopted by the State Board of Health on September 14, 2022.

#### *Fiscal Impact*

This rule making may have a fiscal impact to the State of Iowa. There will be additional expenses for laboratory equipment and infrastructure to support the testing, including test supplies, education materials, and training provided to expecting parents and providers. 2022 Iowa Acts, Senate File 2345, gives authority to the SHL to establish a newborn screening fee schedule in a manner sufficient to support the newborn screening system of care.

The costs of the additional jobs, equipment, supplies, trainings, and educational materials are dependent on the type of disorders added to the newborn screening panel; each disorder comes with specific testing methodology and expertise requirements, so costs are unknown until such



time as the capacity of the current system and the administration, laboratory, clinical, and follow-up needs for expansion of the panel for the specific disorder(s) can be assessed.

#### *Jobs Impact*

The addition of disorders to the newborn screening panel as required by 2022 Iowa Acts, Senate File 2345, may create additional jobs for those with expertise in the disorder(s) added, such as laboratory scientists, bioinformaticians, medical geneticists, genetic counselors, and follow-up nurses.

#### *Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department's for a waiver of the discretionary provisions, if any, pursuant to the Department's waiver provisions contained in 641—Chapter 178.

#### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

#### *Effective Date*

This rule making will become effective on November 9, 2022.

The following rule-making action is adopted:

ITEM 1. Amend subrule 4.1(1) as follows:

**4.1(1) *Advisory committee.*** The center for congenital and inherited disorders advisory committee represents the interests of the people of Iowa and assists in the development of programs

that ensure the availability of and access to quality genetic and genomic health care services by all residents. The advisory committee advises the director of the department of public health regarding issues related to genetics and hereditary and congenital disorders and makes recommendations about the design and implementation of the center's programs.

ITEM 2. Adopt the following new definitions of “Federal recommended uniform screening panel,” “Iowa newborn screening panel” and “Iowa newborn screening program” in rule **641—4.2(136A)**:

*“Federal recommended uniform screening panel”* means the list of disorders for which the U.S. Department of Health and Human Services recommends states screen as part of their state newborn screening panels.

*“Iowa newborn screening panel”* or *“newborn screening panel”* means the list of disorders for which the department screens Iowa newborns.

*“Iowa newborn screening program”* or *“INSP”* means a program that provides screening of live-born Iowa newborns for the disorders listed on the Iowa newborn screening panel.

ITEM 3. Amend rule **641—4.2(136A)**, definitions of “Committee” and “Specialty genetics provider,” as follows:

~~“Committee~~ Advisory committee” means the congenital and inherited disorders advisory committee (CIDAC).

*“Specialty genetics provider”* means a medical geneticist, genetic nurse, or genetic counselor.

ITEM 4. Amend paragraphs **4.3(1)“a”** and **“b”** as follows:

a. All newborns and infants born in the state of Iowa shall be screened for all congenital and inherited disorders on the Iowa newborn screening panel as specified by the center ~~and approved by the state board of health.~~

b. As new disorders are recognized and new technologies and tests become available, the center shall follow protocols developed by the department in regard to the addition of disorders to or the deletion of disorders from the screening panel. ~~The state board of health shall provide final approval for the addition of disorders to or the deletion of disorders from the screening panel.~~

ITEM 5. Amend paragraph **4.3(2)“b”** as follows:

b. *Refusal of screening.* Should a parent or guardian refuse the screening, said refusal shall be documented in the infant’s medical record, and the parent or guardian shall sign the refusal of screening form. The birthing facility or attending health care provider shall submit the signed refusal of screening form to the central laboratory within six days of the refusal. The birthing facility or attending health care provider may submit refusal forms via the courier service established for the transportation of newborn screening specimen collection forms or via secure facsimile to (319)384-5116.

ITEM 6. Amend subparagraph **4.3(9)“a”(2)** as follows:

(2) Refusal. Should a parent or guardian refuse the screening, said refusal shall be documented in the infant’s medical record, and the parent or guardian shall sign the refusal of screening form. The birthing facility or attending health care provider shall submit the signed refusal form to the central laboratory within six days of the refusal. The birthing facility or attending health care provider may submit refusal forms via the courier service established for the transportation of newborn screening specimen collection forms or via secure facsimile to (319)384-5116.

ITEM 7. Amend subrule 4.3(10) as follows:

**4.3(10) INSP and IMPSP fees.**

a. ~~The department shall annually review and determine the fee to be charged for all activities associated with the INSP and the IMPSP. The review and fee determination shall be completed at~~

~~least one month prior to the beginning of the fiscal year. The newborn screening fee is \$122. In consultation with the department, the SHL shall establish the newborn screening fee schedule in a manner sufficient to support the newborn screening system of care including, but not limited to, laboratory screening costs, short-term and long-term follow-up program costs, the newborn screening developmental fund, and the cost of the department's newborn screening data system.~~

*b.* ~~The department~~ SHL shall include as part of the INSP fee an amount ~~determined by the committee and department~~ to fund the provision of special medical formula and foods for eligible individuals with inherited diseases of amino acids and organic acids who are identified through the programs.

*c.* Funds collected through newborn screening fees shall be used for newborn screening program activities only.

*d.* Funds collected through maternal prenatal screening fees shall be used for maternal prenatal screening activities only.

*e.* In order to support newborn and maternal prenatal screening activities, the department shall authorize the expenditure and exchange of newborn screening and maternal prenatal screening developmental funds between the SHL (as designated fiscal agent) and the department.

*f.* ~~Upon department approval of proposed budgets, a~~ A portion of INSP and IMPSP fees shall be distributed to the department to support activities of the INSP and the IMPSP at the center for congenital and inherited disorders (CCID).

ITEM 8. Amend rules 641—4.11(136A) to 641—4.13(136A) as follows:

**641—4.11(136A) Purpose.** ~~CIDAC represents the interests of the people of Iowa and assists in the development of programs that ensure the availability of and access to quality genetic and genomic health care services by all residents. The committee advises the director regarding issues~~

~~related to genetics and hereditary and congenital disorders.~~ A congenital and inherited disorders advisory committee (CIDAC or advisory committee) is established to assist the center for congenital and inherited disorders and the department in the development of programs that ensure the availability of and access to quality genetic and genomic health care services for all Iowans.

**641—4.12(136A) Duties of the advisory committee.** CIDAC shall perform the following duties:

**4.12(1)** Make recommendations about the design and implementation of the center's programs, including but not limited to:

*a.* The Iowa newborn screening program; including management of the Iowa newborn screening panel.

(1) The advisory committee shall assist the center for congenital and inherited disorders and the department in designating the conditions to be included in the newborn screening and in regularly evaluating the effectiveness and appropriateness of the newborn screening.

(2) Beginning July 1, 2022, the advisory committee shall ensure that all conditions included in the federal recommended uniform screening panel as of January 1, 2022, are included in the newborn screening.

(3) Within 12 months of the addition of a new condition to the federal recommended uniform screening panel, the advisory committee shall consider and make a recommendation to the department regarding inclusion of the new condition in the newborn screening panel, including the current newborn screening capacity to screen for the new condition and the resources necessary to screen for the new condition going forward.

(4) If the advisory committee recommends inclusion of a new condition, the department shall include the new condition in the newborn screening panel within 18 months of receipt of the recommendation;

- b. The regional genetics consultation service;
- c. The maternal prenatal screening program;
- d. The neuromuscular and related genetic disorders program; and
- e. The Iowa registry for congenital and inherited disorders.

**4.12(2)** Support the development of special projects and conferences regarding genetic and genomic health care services and issues.

**4.12(3)** Advocate for quality genetic and genomic health care services for all residents in the state of Iowa.

**641—4.13(136A) Membership.** The members of the advisory committee shall be appointed by the director and shall include persons with relevant expertise and interest including parent representatives. Membership will be comprised of representatives of professional groups, agencies, legislators, parents, consumers, and professional health care providers.

**4.13(1)** ~~CIDAC shall be comprised of regular, ex officio, and honorary members~~ membership.

a. to e. No change.

**4.13(2)** No change.

**4.13(3)** The director will appoint regular and honorary advisory committee members for three fiscal years. Reappointment of regular and honorary members shall be at the discretion of the director.

ITEM 9. Amend subrule 4.14(1) as follows:

**4.14(1)** Meetings of the advisory committee will be held as necessary and at the call of the director or the chairperson. There shall be a minimum of four meetings per year.

ITEM 10. Amend subparagraph **4.14(6)“b”(1)** as follows:

(1) A designee of similar standing must be able to reasonably fulfill the member’s role on the

advisory committee in discussions.

**PUBLIC HEALTH DEPARTMENT [641]**

**Adopted and Filed**

The Public Health Department hereby rescinds Chapter 14, “Water Treatment Systems,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code chapter 714 and 2022 Iowa Acts, Senate File 2232.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapter 714 and 2022 Iowa Acts, Senate File 2232.

*Purpose and Summary*

The rescission of Chapter 14 will eliminate the registration requirement at the state level for water treatment systems. On April 21, 2022, Governor Reynolds signed 2022 Iowa Acts, Senate File 2232, which strikes Iowa Code section 714.16(2)“h,” which currently states that it is an unlawful practice for a person to sell, lease, rent, or advertise the sale, lease, or rental of a water treatment system in this state, for which claims or representation of removing health-related contaminants are made, unless the water treatment system has been performance-tested by a third-party testing agency that has been authorized by the Department. 2022 Iowa Acts, Senate File 2232, provides that it is now unlawful for a person to sell, lease, rent, or advertise the sale, lease, or rental of a water treatment system in this state, for which claims or representations related to the removal of health-related contaminants are made, unless a certification body accredited by the American National Standards Institute certifies all of the claims or representations related to the removal of health-related contaminants.



*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on July 27, 2022, as **ARC 6420C**. The Department did not receive any comments on the proposed amendments. No changes from the Notice have been made.

*Adoption of Rule Making*

This rule making was adopted by the State Board of Health on September 14, 2022.

*Fiscal Impact*

This rule making has no fiscal impact to the state of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to the Department's waiver provisions contained in 641—Chapter 178.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

*Effective Date*

This rule making will become effective on January 1, 2023.

The following rule-making action is adopted:

Rescind and reserve **641—Chapter 14.**

IDPH State Board of Health (SBOH) and DHS Council on Human Services (Council) Comparison Chart & Facilitation Questions

**Legal Authorities:** SBOH: Iowa Code chapter 136 and 641 IAC 170.3; Council: Iowa Code §§ 217.2 – 217.4, 441 IAC 1.2

|                             | State Board of Health  | Council on Human Services  | Notes   |
|-----------------------------|--|--|---|
| <b>Number of Members:</b>   | 11   | 11 (7 voting members and 4 ex officio members)   |   |
| <b>Member Demographics:</b> | <ul style="list-style-type: none"> <li>• <u>Two</u> members learned in health related disciplines</li> <li>• <u>Three</u> members with direct public health experience</li> <li>• <u>Two</u> members with direct substance abuse treatment or prevention experience</li> <li>• <u>Four</u> members from the general public</li> <li>• <u>At least one</u> of these 11 members must hold a medical license</li> </ul> | <ul style="list-style-type: none"> <li>• All seven members must have interest in public affairs, good judgment, and knowledge and ability in field of human services.</li> <li>• Appointments shall be made to provide a diversity of interest and point of view and without regard to religious opinions or affiliations.</li> <li>• All voting members must be electors of the state</li> <li>• Only <u>four</u> voting members may belong to the same political party</li> <li>• No more than <u>two</u> voting members may reside in the same congressional district at one time</li> <li>• <u>One</u> voting member must be a member of a county board of supervisors</li> <li>• <u>Four</u> non-voting members who are legislators serve in ex officio capacity</li> </ul> | DHS has seven voting members and four non-voting members  |
| <b>Member Term</b>          | 3 years with expiration date of June 30, all members have staggered terms  | Voting members serve six year terms, staggered   | Iowa Code chapter 217 does not list a specific expiration date for DHS council members so provisions of Iowa Code § 69.19 apply |

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| <b>Appointment</b> | Governor, confirmed by senate   | Governor, confirmed by senate<br><br>Appointment of non-voting members are from the majority and minority leaders of the senate, and the speaker and minority leader of the house or representatives   |  |
| <b>Meetings</b>    | At least six meetings per year, held on second Wednesday of July and on the second Wednesday of each second month thereafter; a majority of the board constitutes a quorum  | At least monthly; two-thirds of the voting membership constitutes a quorum   |  |
| <b>Duties</b>      | <ul style="list-style-type: none"> <li>• In general, the SBOH is the policy making body for IDPH and has the power to adopt all IDPH rules. Specific duties include to:</li> <li>• Consider and study legislation and administration concerning public health</li> <li>• Advise IDPH on promotion and prevention of public health topics</li> <li>• Establish policies governing department performance of duties imposed in law</li> <li>• Provide guidance to the director on director's duties</li> <li>• Assure compliance with Iowa code and administrative rules</li> </ul> | <ul style="list-style-type: none"> <li>• In general, the Council is the policymaking and advisory body for DHS and has the power to adopt all DHS rules. Specific duties include to:</li> <li>• Annually select the chairperson and vice chairperson</li> <li>• Adopt and establish policy for DHS subject to guidelines by the general assembly</li> <li>• Report to governor any failure by the director or any administrator in execution of policy decisions or directives of the council</li> <li>• Approve budget prior to submission to the governor; public hearings required on budget approval</li> <li>• Insure integration and coordination of programs and services to avoid duplication of services</li> </ul> | <p>Both SBOH and DHS Council have ability to provide consultation on the appointment of department directors</p> <p>Both groups have the ability to establish policy in relation to the services and programs associated with their respective department and to adopt rules for such programs</p> <p>The budget approval process by DHS is outlined further in 217.3(4)</p> |

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|                       | <ul style="list-style-type: none"> <li>• Assure the department prepares and distributes an annual report</li> <li>• Advise director, governor, and general assembly regarding public health and advocate for public health standards</li> <li>• Consult with governor on appointment of department director</li> <li>• Adopt all IDPH rules (excluding certain, independent licensing boards)</li> <li>• Keep and track minutes of board sessions held</li> <li>• Appoint a substance abuse and gambling treatment program committee for licensure of associated programs</li> </ul> | <ul style="list-style-type: none"> <li>• Adopt rules recommended by director or division administrators</li> <li>• Approve the reorganization, abolishment or establishment of a department division</li> <li>• Recommend to the governor the names of qualified individuals for the director position, if a vacancy exists</li> <li>• Establish and utilize any advisory committees including the child abuse prevention program advisory committee</li> </ul> |  |
| <b>Committee(s)</b>   | Substance abuse and gambling treatment program committee   | Advisory committees, child abuse prevention program advisory committee  |  |
| <b>Member Payment</b> | Per diem paid using state appropriated funds   | Paid a per diem and expenses  | Refer to 7E.6 in Iowa code for both groups |

**Questions to Consider:**

1. There is intent to merge the separate governing bodies into a single governing body for the Iowa Dept. of Health and Human Services. Membership should be an odd number for voting purposes. Is an 11 member governing body appropriate, or should we consider a fewer number of members?
2. How long should each term last, and what is the maximum term limit that should be established for the new governing body?

3. What are the critical qualifications that should be established for the respective board members? Should these qualifications be unique to each board position (i.e. each of the board members hold a unique qualification), or should there be multiple board members with similar qualifications (e.g. two members with public health, two members with family well-being, etc.)?
4. What are your thoughts about meeting frequency?
5. What do you see as the roles, responsibilities, and duties of the new governing board?
6. How do you envision the relationship between the governing body and the various advisory bodies that support the agency?