

**STATE BOARD OF HEALTH**  
**REGULARLY SCHEDULED MEETING: 07/13/2022**  
**10:00 a.m. – 12:00 p.m.**  
**Location: Zoom Virtual Meeting**

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

**Join by Phone:** 312-626-6799

**Meeting ID:** 862 3539 6515 and **Passcode:** 923054

**AGENDA**

**Board Members:** Andrew Allen; Lisa Czyzewicz, LPN; Leone Junck; George Kovach, MD; Donald Macfarlane, MD, PhD; Sandra McGrath, RN; Kierstyn Borg Mickelson; Nick Ryan, JD; Chelcee Schleuger, RN, BSN; Fred Schuster; Michael Wolnerman, RPH, CCIM

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 – 05/11/2022
- 10:10 a.m.** Director's Report – Kelly Garcia
- 10:40 a.m.** Administrative Rules – Department of Public Health [641] – Susan Dixon
- 1.** Notice of Termination
    - a. ARC 6322C - Chapter 4, "Center for Congenital and Inherited Disorders"
  - 2.** Notice of Intended Action
    - a. Chapter 4, "Center for Congenital and Inherited Disorders" - new filing
    - b. Chapter 14, "Water Treatment Systems"
  - 3.** Adopted & Filed
    - a. Chapter 11, "Human Immunodeficiency virus (HIV) and Acquired Immune Deficiency Syndrome"
    - b. Chapter 42, "Permit to Operate Ionizing Radiation Producing Machines or Administer Radioactive Materials"
    - c. Chapter 73, "Special Supplemental Nutrition Program for Women, Infants, and Children"

**10:50 a.m.** Substance Use & Problem Gambling Treatment Program Committee Update

**11:00 a.m.** Adjourn

The electronic meeting of the State Board of Health is being held in accordance with Iowa Code section 21.8 entitled "Electronic Meetings." The code states that a governmental body may conduct a meeting by electronic means only if circumstances are such that a meeting in person is impossible or impractical and access is provided to the public. An in-person meeting of the Board is impractical due to the schedules of the Board members. The electronic meeting will originate in the Director's Conference Room, 6th floor, Lucas State Office Building, 321 E 12th Street, Des Moines and public access meeting shall be provided at this location. Notices and agendas were posted in the building and posted on the Department's website. Minutes of the meeting will be kept.

All meetings held by the Iowa Department of Public Health are accessible to everyone. If you are a person with a disability who requires reasonable accommodation in order to participate in this meeting, please contact Amy Van Maanen a minimum of five business days in advance at 515-281-8474 or at amy.vanmaanen@idph.iowa.gov. If you have a hearing and/or speech impairment, please call Relay Iowa at 7-1-1 or 1-800-735-2942 (TTY or ASCII). For more information on Relay Iowa Services please view their website at: <http://www.relayiowa.com/services/>

#### **BOARD MEETING SCHEDULE FOR 2022**

- January 12, 2022
- March 9, 2022
- May 11, 2022
- July 13, 2022
- September 14, 2022
- November 9, 2022

**IOWA STATE BOARD OF HEALTH**  
**5/11/2022**  
**DRAFT - MEETING MINUTES**

Members Present: Donald Macfarlane, MD, PhD, Chair  
Andrew Allen, Vice Chair  
George Kovach, MD  
Leone Junck  
Sandra McGrath, RN  
Michael Wolnerman, RPh, CCIM

Members Absent: Nick Ryan, JD  
Kierstyn Borg Mickelson  
Chelcee Schleuger, RN, BSN

Staff Present: Heather Adams, Assistant Attorney General;  
Kelly Garcia, Interim Director  
Sarah Reisetter, J.D., Deputy Director  
Ken Sharp, Division Director  
Iesha Smith, Recording Officer  
Amy Van Maanen

Staff Absent: None

**Call to Order & Roll Call**

Donald Macfarlane called the video meeting to order at 10:03 AM. Roll call was taken to determine if a quorum was present.

**Approval of Minutes from 3/9/2022**

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

**Director's Report – Kelly Garcia, Interim Director**

Director Garcia provided an update on the work being done related to suicide prevention and behavioral health as a follow-up to the information shared at the March board meeting. Two messaging campaigns were launched in early May. One message targets young Iowans who feel like they might harm themselves to let them know there are people who care. This message was placed on Snapchat, TikTok and gaming apps. The other message focused on adults encouraging them to have a conversation when someone in their life seems troubled. Both messages direct individuals to Your Life Iowa. Videos of the messaging campaigns were shared with the board. A media kit is available on the Your Life Iowa website.

Director Garcia also shared that later this month the department will host team members from the CDC who are coming to review Central Iowa data related to the suicide deaths that occurred earlier this year. The department is working in partnership with Polk County Public Health. The CDC will recommend prevention strategies based on their findings.

Information regarding the Qualified Residential Treatment Program (QRTP) at the Department of Human Services was shared. Many residential providers have terminated their contracts for services due to a variety of factors. Staffing crises are adversely impacting essential bed capacity. Shelter and QRTP providers cannot accept placements or are limiting placements. This results in expensive and bad outcomes for Iowa youth. These permanent closures accounted for an unexpected loss of approximately 50 QRTP beds and 25 shelter beds. Three major facilities have closed in the last two years.

Conversations are occurring with the Department of Public Safety to create a tool kit for parents around what is appropriate use of screen time and how to keep your kids safe when using social media.

Director Garcia mentioned we are looking internally at the HHS system to stress the importance of taking care of your mental health and ensuring the HHS teams have access to resources and know they can get the help they need. A new three digit number, 988, launches this summer as the national suicide crisis line

#### **Alignment Update – Sarah Reisetter, J.D., Deputy Director**

Director Garcia tasked Sarah Reisetter to lead the next phase of aligning the Department of Public Health and the Department of Human Services. In March, work began to discuss what needed to be accomplished by 10/2022. Twenty discrete projects were identified: guiding principles for alignment projects; workspace consolidation; leadership and employee change management/transition support; tables of organization; communication plan; mission, vision, guiding principles for new agency; branding strategy; information sharing opportunities across agencies; updated cost allocation strategy; state budget development; HHS budget bill drafting; legislatively directed transition plan; formal consolidation bill draft; major impact areas work groups; department policy/handbook comparison and updates; website development; essential IT priorities; essential human resource priorities; and project governance strategy.

Sarah provided a brief description of each of the projects. Photos of various work sessions were shared.

#### **Health Equity Update – Olivia Walker, Health Equity Coordinator**

Health equity is defined by the department as attaining the highest possible level of health for all people. It means achieving the environmental, social, and economic and other conditions in which all people have the opportunity to attain their highest possible level of health. Elements of the department's health equity framework involve work in the following areas: organization culture, internal policies and procedures, data equity framework, planning and performance improvement, and partnerships and community engagement. Olivia also shared health equity is a part of each domain in the public health accreditation standards. Information was added to the department's strategic plan to support how we measure our health equity efforts.

In the HHS functional organizational chart, health equity is placed in Strategic Operations in order to provide support across the new HHS system.

#### **Legislative Update – Maddie Wilcox, Legislative Liaison**

Legislative session is still underway as the Legislature works through remaining priorities. The House HHS budget passed out of the House and is eligible for consideration in the Senate, but no formal action has been taken. The House HHS budget includes alignment language to merge IDPH and DHS into one agency. Major Legislative Win: Governor signed SF 2345 (Newborn Screenings) into law. The Chapter 4 Rules are before you today for Notice of Intended Action as part of our bill implementation work.

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

The proposed amendments eliminate portions of the rules that are outdated and no longer needed or used, and updates the remaining portions to modern radiation therapy standards.

No action was required.

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

The proposed amendments eliminate portions of the rules that are outdated and no longer needed or used, and updates the remaining portions to modern radiation therapy standards.

No action was required.

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

The proposed amendments eliminate portions of the rules that are outdated and no longer needed or used, and updates the remaining portions to modern radiation therapy standards.

No action was required.

Chapter 73, “Special Supplemental Nutrition Program for Women, Infants, and Children”

The proposed amendments eliminate portions of the rules that are outdated and no longer needed or used, and updates the remaining portions to modern radiation therapy standards.

No action was required.

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

Chapter 154, “Medical Cannabidiol Program”

The proposed amendments eliminate portions of the rules that are outdated and no longer needed or used, and updates the remaining portions to modern radiation therapy standards.

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

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

Michael Wolnerman, chair of the committee, provided a report on the committee’s actions for May. The committee approved the following:

- One - one year license;
- Two - two year licenses;
- Two – three year licenses;
- One - Deemed status; and
- One - license revision.

**Adjournment**

On a motion by Sandra McGrath, seconded by Michael Wolnerman, all members present voted to unanimously to adjourn at approximately 11:40 AM.

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

### **Notice of Termination**

The Public Health Department hereby terminates the rule making initiated by its Notice of Intended Action published in the Iowa Administrative Bulletin on May 18, 2022, as **ARC 6322C**, proposing to amend Chapter 4, “Center for Congenital and Inherited Disorders,” Iowa Administrative Code.

#### *Legal Authority for Rule Making*

This abovementioned rule making is terminated under the authority provided in Iowa Code section 136A.

#### *Purpose and Summary*

The original NOIA amendments were too broad in scope.

#### *Reason for Termination*

The Department will limit the scope of amendments in Chapter 4, Center for Congenital and Inherited Disorders, to the requirements in the 2022 Iowa Acts, Senate File 2345, in a new NOIA filing.

#### *Jobs Impact*

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

#### *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).





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

### **Notice of Intended Action**

The Public Health Department hereby proposes to amend Chapter 4, “Center for Congenital and Inherited Disorders,” Iowa Administrative Code.

#### *Legal Authority for Rule Making*

This rule making is proposed 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 proposed 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)) for addition 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.

#### *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 its 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 for a waiver of the discretionary provisions, if any, pursuant to the Department's waiver provisions contained in 641—Chapter 178.

### *Public Comment*

Any interested person may submit comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on August 16, 2022. Comments should be directed to:

Kimberly Piper  
Department of Public Health  
Lucas State Office Building  
321 East 12th Street  
Des Moines, Iowa 50319  
Email: [kimberly.piper@idph.iowa.gov](mailto:kimberly.piper@idph.iowa.gov)

### *Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1) "b," an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

*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).

The following rule-making action proposed:

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) and 641—4.12(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.

ITEM 9. Amend rule 641—4.13(136A) as follows:

**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 10. 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 11. 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]**

### **Notice of Intended Action**

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

#### *Legal Authority for Rule Making*

This rule making is proposed under the authority provided in 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 proposed rescission of Chapter 14 will eliminate the registration requirement at the state level for water treatment systems. On April 21, 2022 Governor Reynolds signed Senate File 2232 which strikes Section 714.16, subsection 2, paragraph h, that 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 Iowa Department of Public Health. 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 health-related contaminants.

*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.

*Public Comment*

Any interested person may submit comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on August 16, 2022. Comments should be directed to:

Ken Sharp

Department of Public Health

Lucas State Office Building

321 East 12<sup>th</sup> Street

Des Moines, Iowa 50319

Email: [Kenneth.sharp@idph.iowa.gov](mailto:Kenneth.sharp@idph.iowa.gov)

*Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1) "b," an oral presentation regarding this rule making may be demanded by 25 interested persons, a

governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

*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).

The following rule-making action proposed:

ITEM 1. Rescind and reserve **641—Chapter 14**.

**PUBLIC HEALTH DEPARTMENT [641]**

**Adopted and Filed**

The Public Health Department hereby amends “Human Immunodeficiency Virus (HIV) Infection and Acquired Immune Deficiency Syndrome (AIDS),” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code chapter 141A.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 141A.3(1).

*Purpose and Summary*

The amendments increase the eligibility for the AIDS Drug Assistance Program (ADAP) from 400 percent of the federal poverty level (FPL) to 500 percent of the FPL for medication and insurance assistance. The amendments also modify the requirements for medication assistance to account for some health plans that do not allow the ADAP to assist with insurance costs or that are not cost effective for the ADAP to support.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on May 18, 2022, as **ARC 6323C**. The Department received one comment in support of the 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 July 13, 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 September 14, 2022.

The following rule-making action is adopted:

Amend rule 641—11.43(141A) as follows:

**641—11.43(141A) Eligibility requirements.**

**11.43(1)** An applicant is eligible to participate in the ADAP medication assistance program if the applicant:

- a. Applies for enrollment in ADAP on a form provided by the department;
- b. Has no health insurance to cover the cost of the drugs that are or may become available from ADAP, or has insurance that is determined by the department to be incompatible with or cost-ineffective for the ADAP insurance assistance program;

- c.* Is currently being prescribed a drug on the ADAP formulary;
- d.* Has an annual income that is less than or equal to ~~400~~ 500 percent of the poverty level as determined by the most recent federal poverty guidelines published annually by the U.S. Department of Health and Human Services for the size of the household;
- e.* Has a medical diagnosis of HIV infection or AIDS or is an unborn infant or an infant under 18 months of age who has an HIV-infected mother; and
- f.* Is a resident of Iowa.

**11.43(2)** An applicant is eligible to participate in the ADAP health insurance assistance program if the applicant:

- a.* Applies for enrollment in ADAP on a form provided by the department;
- b.* Has creditable health insurance coverage or meets the enrollment qualifications for an ADAP-sponsored health plan;
- c.* Is currently being prescribed a drug on the ADAP formulary;
- d.* Has an annual income that is less than or equal to ~~400~~ 500 percent of the poverty level as determined by the most recent federal poverty guidelines published annually by the U.S. Department of Health and Human Services for the size of the household;
- e.* Has a medical diagnosis of HIV infection or AIDS or is an unborn infant or an infant under 18 months of age who has an HIV-infected mother; and
- f.* Is a resident of Iowa.

**PUBLIC HEALTH DEPARTMENT [641]**

**Adopted and Filed**

The Public Health Department hereby amends Chapter 42, “Permit to Operate Ionizing Radiation Producing Machines or Administer Radioactive Materials,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code sections 136C.3 and 136C.12.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapter 136C.

*Purpose and Summary*

The amendments address changes made in the American Registry of Radiologic Technologists (ARRT) policies and procedures. The ARRT is recognized by national accreditation entities and regulatory bodies, including the Department, as the national certification entity for radiologic technologists, nuclear medicine technologists, radiation therapists, and radiologist assistants. The ARRT also provides the examination for limited radiologic technologists approved by the Department as eligible to take the examination. The Department tries to align rules with ARRT requirements whenever possible to reduce duplication, conflicting requirements, and burden on the regulated community.

The amendment to subparagraph 42.9(2)“e”(3) removes the requirement for limited radiologic technologists to pay a fee to the Department for the limited radiography examination administered by the ARRT through an agreement with the Department. The ARRT is now charging this fee directly to the applicant; consequently, applicants will not need to pay the Department a fee for this service.



The amendments to paragraphs 42.18(2)“b” and 42.18(2)“c” change the continuing education (CE) limitation for repeating certain CE courses. The ARRT made the change to allow a CE course to be repeated in future biennia; therefore, the Department is removing its restriction because of the conflict with ARRT requirements.

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

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on May 18, 2022, as **ARC 6325C**. 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 July 13, 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 September 14, 2022.

The following rule-making action is adopted:

ITEM 1. Amend subparagraph **42.9(2)“e”(3)** as follows:

(3) Each individual making application to take an examination as a limited radiologic technologist in 42.9(2)“e”(1)“1” or “3” must submit an application ~~and nonrefundable to the department~~ each time the individual takes the examination. The individual must also submit the examination fee of \$200 to the department directly to the ARRT each time the individual takes the examination.

ITEM 2. Amend paragraph **42.18(2)“b”** as follows:

*b.* Continuing education activities ~~that are lecture presentations~~ may not be repeated for credit in the same biennium but may be repeated across different biennia.

ITEM 3. Rescind paragraph **42.18(2)“c.”**

**PUBLIC HEALTH DEPARTMENT [641]**

**Adopted and Filed**

The Public Health Department hereby amends Chapter 73, “Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 135.11.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, 20 U.S.C. Section 1786 and Iowa Code section 135.11.

*Purpose and Summary*

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

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on May 18, 2022, as **ARC** 6326C. 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 July 13, 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 September 14, 2022.

The following rule-making action is adopted:

Adopt the following **new** rule 641—73.26(135):

**641—73.26(135) WIC online ordering project.** Notwithstanding any conflicting provision of law to the contrary, a participant, vendor, or contract agency may participate in the WIC online ordering project, provided that such participation conforms to the terms and conditions of the Iowa WIC Policy and Procedure Manual as modified to incorporate the WIC online ordering project.