

**IOWA STATE BOARD OF HEALTH
1/12/2022
MEETING MINUTES**

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

Members Absent: Kierstyn Borg Mickelson
Lisa Czyzewicz, LPN

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

Staff Absent: None

Call to Order & Roll Call

Fred Schuster called the video meeting to order at 10:03 A.M. Roll call was taken to determine if a quorum was present.

Approval of Minutes from 11/10/2021

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

Director's Report

Director Kelly Garcia introduced Jill Stuecker, division director for the Division of Professional Licensing and Regulation. Jill was recently hired for this position and previously served as the executive director for the Iowa Dental Board. This newly created division and position will oversee the Bureau of Professional Licensure, Iowa Board of Medicine, Iowa Board of Nursing, Iowa Board of Pharmacy and the Iowa Dental Board.

Interviews were conducted for the medical director position at the end of December. Director Garcia is currently in ongoing conversations with a candidate and anticipate having an update by the next meeting in March.

Work continues on aligning the Departments of Public Health and Human Services. Work has begun on developing a functional organizational chart. Governor Reynolds will introduce legislation for the health and human services system.

Monitoring of COVID-19 in Iowa continues. The Omicron variant has driven up the number of cases of COVID-19 as well as the demand for testing. The State Hygienic Lab has received over 550,000 orders for the Test Iowa at home test kits. The focus of Test Iowa is diagnosis and not testing for travel, social events, etc. Providers for programs in the department have been allowed to move to remote work during the next four to six week due to the increase in positive cases.

Director Garcia and Ken Sharp, division director for the Division of Acute Disease Prevention, Emergency Response and Environmental Health, shared information on therapeutics and monoclonal antibodies. Iowa will receive two types of oral antivirals in limited quantities mid-January. The medications will be allocated to select pharmacies and clinical providers. The department has also begun to receive a limited amount of pre-exposure therapeutics for high risk groups. It is anticipated that the allocation monoclonal antibodies will eventually end as the Omicron variant becomes the dominant strain in Iowa.

Board member, Sandra McGrath, shared guidance from the department early in the response was helpful. Resuming webinars for local public health workers was discussed.

Performance Management & Quality Improvement

Andrea Bentzinger, Ph.D. and Rob Stewart from the Bureau of Public Health Performance presented information about the department's work on quality improvement and performance management. Quality improvement follows the Plan, Do, Check, Act model/process. In 2021, 33% of staff participated in a quality improvement adventures. Quality improvement is meant to be a process that is deliberate, defined, continuous, and yields measurable improvement.

The goal of performance management is to improve outcomes, efficiency, increase collaboration, and highlight the department's contribution to population health outcomes. Performance measures are published on the department's website. In 2021, 28% of staff participated in performance management workshops.

The goal for 2022 is to strengthen connections between performance management, quality improvement, and health equity.

Changes to Local Public Health Services Program

Marisa Roseberry, bureau chief for Public Health Performance, shared information regarding the proposed changes to the local public health services program (LPHS). The state currently allocates \$7.6 million to LPHS. The department receives the funds and passes it on to local public health agencies. The proposed changes will focus the use of LPHS funds on public health systems work and emphasize core public health functions, essential services and public health interventions. Changes to support population health will occur over the next five years to give the department and LPHS an opportunity to work through this transition.

Legislative Update

Maddie Wilcox, legislative liaison for the department, shared the Governor's priorities for this session - taxes, childcare, workforce, and biofuels. January 21, 2022 is the deadline for individual bill requests and February 18, 2022 is the first funnel date.

Administrative Rules – Iowa Department of Public Health [641] – Notice of Intended Action Chapter 9, “Outpatient Diabetes Education Programs”

The proposed amendments reflect revisions related to an external organization's name and credential designation. Clarifying revisions are also being proposed for acronyms and a few other items.

No action was required.

Chapter 78, "Personal Responsibility Education Programs and Title V State Sexual Risk Avoidance Education Grant Program Funding and Restrictions"

The purpose of the proposed changes is to adopt the requirements of 2019 Iowa Acts, House File 766, Section 99.

No action was required.

Chapter 80, "Local Public Health Services"

The proposed amendments streamline Chapter 80 by focusing the use of Local Public Health Services funds on Public Health Systems work and emphasizing core public health functions, essential services and public health interventions. The proposed amendments also serve to advance population health at a systems level while providing the opportunity to protect and improve the health of every Iowan.

No action was required.

Chapter 154, "Medical Cannabidiol Program"

The proposed amendments implement necessary updates to the rules to formalize waivers currently in effect, reduce compliance burden for licensees and the department, reduce barriers for veteran participation and provide additional authority to certifying practitioners.

Interest was expressed in learning more about the medical cannabidiol program.

No action was required.

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

Chapter 8, "Iowa Care for Yourself Program"

The amendments include changes to clarify statements, match medical definitions and to allow for the provision of services to an expanded population who do not have access to the programs providing the services.

A question was asked regarding the Quitline's effectiveness. The Quitline is an effective best practice. A seven month follow-up was conducted on those that used the Quitline and of those that used the Quitline, 35% had quit smoking. Adult cigarette smoking has decreased. No change in smokeless rates.

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

Chapter 38, "General Provision for Radiation Machined and Radioactive Materials" and Chapter 41, Safety Requirements for the Use of Radiation Machines and Certain Uses of Radioactive Materials"

The amendments to Chapter 38 strike the fee related to the State of Iowa as a mammography accrediting body (AB) and providing services for mammography interpretation fees and accreditation fees. The State relinquished the role of AB effective 1/1/21. The fees are being removed to reflect the current fee collections by the Bureau of Radiological Health.

The amendments to Chapter 41 align with the current changes in technology of x-ray machines for mammography and stereotactic breast biopsy and reflect the requirements of the quality control programs outlined by the unit manufactures. Additional amendments will align IDPH and FDS on certain requirements outlined in the Mammography Quality Standards Act.

Concerns were expressed regarding the 30 day window for reporting. This requirement is based on the Food and Drug Administration (FDA) standard. If the state would want to be more restrictive, work would need to occur with the FDA. Heather Adams, assistant attorney general, recommended the board proceed with adoption and staff can work on addressing this concern separately.

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

Chapter 108, "Medical Residency Training State Matching Grants Program"

The amendments implement changes made to Iowa Code section 135.176.

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

Chapter 109, "Prescription Drug Donation Repository Program"

The amendments update outdated citations and address an unintentional issue that occurred from some new wording in different legislation that was not intended to apply to the program covered by Chapter 108. The department provided a waiver in 2019 to address the situation. The proposed amendment to the definition of "centralized repository" is a permanent solution that will remove the need for a waiver.

On a motion by Donald Macfarlane, 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 – 270 day license; and
- Two – One year licenses.

Adjournment

On a motion by Donald Macfarlane, seconded by Leone Junck, all members present voted unanimously to adjourn the meeting at 12:03 P.M.