



STORY COUNTY BOARD OF HEALTH

TENTATIVE AGENDA
TUESDAY, February 4, 2020
2:00 PM

Public Meeting Room - Story County Administration (900 6th Street) – Nevada, Iowa*

1. CALL TO ORDER
2. APPROVAL OF AGENDA
3. APPROVAL OF MINUTES

Documents:

[MINUTES120319.PDF](#)

4. CONSENT AGENDA

All items listed under the consent agenda will be enacted by one motion. There will be no separate discussion of these items unless a request is made prior to the time the Board votes on the motion.

- 4.I. Consideration Of FY20 Grants To Counties Contract Effective July 1, 2019 - June 30, 2020

Documents:

[GTC FY20 CONTRACT.PDF](#)

5. PUBLIC FORUM

This is the time for members of the public to offer comments concerning matters not scheduled to be heard before the Board of Health.

6. ADDITIONAL ITEMS

- 6.I. Medical Cannabidiol In Iowa Presentation; Randy Mayer, IDPH

Documents:

[2019 MEDICAL CANNABIDIOL BOARD ANNUAL REPORT.PDF](#)

- 6.II. Community And Family Resources Presentation; Vanessa Kowalski
- 6.III. Discussion And Consideration Of 2020 Community Needs Assessment; Les White

Documents:

[NEEDS ASSESSMENT.PDF](#)

- 6.IV. Discussion And Consideration Of Environmental Health Department's Fee Schedule; Margaret Jaynes

Documents:

[2020 EH FEES.PDF](#)

6.V. Discussion And Consideration Of Proposed Septic System Ordinance - Margaret Jaynes

Documents:

[DRAFT SEPTIC ORDINANCE.PDF](#)

6.VI. Discussion And Consideration Of Proposed Tanning Ordinance - Margaret Jaynes

Documents:

[DRAFT TANNING ORDINANCE.PDF](#)

7. AGENCY AND DEPARTMENTAL REPORTS

7.I. Story County Public Health; Les White, Treasa Ferrari

7.II. YSS; Denise Denton

Documents:

[EVAPING AND LUNG ILLNESS EVAL.PDF](#)
[COVERAGE IS SPARSE.PDF](#)
[TWO MILLION HEART DISEASE PATIENTS HAVE SMOKED POT.PDF](#)
[DID NEWBORN DIE FROM MOM MARIJUANA USE.PDF](#)

7.III. Story County Environmental Health; Margaret Jaynes

Documents:

[020420 EH REPORT.PDF](#)

8. COMMENTS

Staff
Board

9. ADJOURNMENT

Story County strives to ensure that its programs and activities do not discriminate on the basis of race, color, national origin, sex, age or disability. Persons requiring assistance, auxiliary aids or services, or accommodation because of a disability may contact the county's ADA coordinator at (515)382-7204.

Next Meeting April 7, 2020



**STORY COUNTY
BOARD OF HEALTH**
STORY COUNTY ADMINISTRATION
900 6TH STREET
NEVADA, IOWA 50201

Minutes

AN AUDIO RECORDING OF THE FULL MEETING MAY BE FOUND IN THE ENVIRONMENTAL HEALTH DEPARTMENT, OR BY VISITING WWW.STORYCOUNTYIOWA.GOV

DATE: December 3, 2019

CALL TO ORDER: 2:00 p.m.

PLACE: Administration Building, 2nd Floor

Dr. John Paschen, Chair
Mark Speck, Vice-Chair
Dr. John Kluge
Dr. Louisa Tabatabai
Dr. Molly Lee
Lisa Heddens (Ex-officio)
*Absent

STAFF PRESENT: Margaret Jaynes, Environmental Health Director; Cathy Bazylinski, Environmental Specialist; Matt Cory, Environmental Specialist, Stephanie Jones, Recording Secretary

OTHER PEOPLE PRESENT: Denise Denton, Sierra Stevens, Keri Oetker, Megan Thompson, Heather Bombei, Treasa Ferari

1. CALL TO ORDER

Dr. John Paschen called the meeting to order at 2:00 p.m.

2. APPROVAL OF AGENDA MCU

3. APPROVAL OF OCTOBER 1, 2019 MINUTES
Motion by Kluge, Second by Lee MCU

4. PUBLIC FORUM
None

5. APPROVAL OF CONSENT AGENDA

Board of Health Schedule For Calendar Year 2020

Holiday Calendar For 2020

Website Linking Policy

Revised Social Media Policy

Contract Between Iowa Department of Public Health and Story County Board of Health For FY20 Local Public Health Services, Effective July 1, 2019-June 30, 2020

Agreement And Contract Between Iowa Department of Public Health And Story County Board of Health For Intervention in Target Populations, Effective March 1, 2019 - June 29, 2023.

Motion by Kluge, Second by Speck MCU

ADDITIONAL ITEMS:

Election of Officers For 2020 Calendar Year



STORY COUNTY BOARD OF HEALTH

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Motion by Kluge for Paschen to remain as Chair and Speck to serve as Vice Chair MCU

Local Public Health Services Contract Update Heather Bombei summarized the FY19 Local Public Health Services contract and stated that funds were spent for collaborative relationships, disease outbreak investigation, home care aide/homemaker visits, and nursing visits. Bombei gave information about the Public Health Leadership Academy and provided information on miscellaneous items, which included suspected lung injury associated with vaping, foreign animal disease/African Swine Fever, and the 2020 legislative session. Bombei stated that she is willing to help facilitate 10-15 minute presentations at future Board of Health meetings. Paschen stated he would like to hear a presentation on medical cannabis oil, and restaurant and food truck inspections.

FY2021 Environmental Health Department's Proposed Budget Margaret Jaynes provided an overview of the FY21 budget and stated that everything is similar to last year. Education items could change and there is lost revenue for pumper inspections, and time of transfer well testing. Jaynes stated that if the proposed septic ordinance changes are approved, that revenue would go down as well. Jaynes stated that new software is still being discussed. Information Technology provided information to Jaynes that for the current software to be rewritten it would cost around \$25,000 and be on Information Technologies budget. Heddens clarified that this item is a recommendation to the Board of Supervisors and that she is an ex-officio member. **Motion by Kluge, Second by Lee for recommendation for approval of budget for recommendation to the Board of Supervisors. MCU**

6. AGENCY AND DEPARTMENTAL REPORTS

- a. **Story County Public Health** Teresa Ferrari provided an update and stated that Influenza B is starting to increase in the southern states and there has been five pediatric deaths in the US. Paschen asked if the strains are matching up with the vaccine and Ferrari stated that the vaccine seems to be effective. Ferrari stated they are working with Polk County for a live anthrax training opportunity. Discussion took place about the ease of receiving the flu vaccine at many locations besides a clinic. Ferrari stated that approximately 45% of the population receives the flu vaccine in the US.
- b. **Mid-Iowa Community Action (MICA)** Sierra Stevens spoke and shared information about WIC. Ames participation has increased and Nevada stayed about the same. Megan Thompson provided information about the First Five program. Mini grants have been obtained for safe sleep and safe seat to provide car seats and pack and plays to families in need. Discussion took place about the Iowa Cares program for reimbursement of dental work and the lengthy waiting period for the dental program.
- c. **YSS** Denise Denton provided information about the recent Nevada Task Force town hall meeting. Denton provided updates on vaping and provided a letter that the Health Promotion Club sent to members of the Iowa General Assembly requesting a clear call for action on addressing the vaping crisis. Denton provided articles with information on a total ban on vaping products not approved by FDS, tobacco policies reducing cancer deaths, natural psychoactive substances, and an increase in cocaine and heroin use. Discussion took place about Narcan only being able to be purchased from a pharmacy and no longer can be given away free. Speck asked about cannabis and hemp and asked if it can be sold in the county. Denton stated that CBD in Iowa could only be sold from a distributor.
- d. **Story County Environmental Health** Margaret Jaynes provided an update on well permits, well plugging, well rehabs, cisterns, and water samples. Grants to Counties for FY2020 award was \$31,000, but no money has been received due to an Iowa Department of Public Health software issue. Jaynes updated the total number of septic permits issued for calendar year 2019 is 81 completed and 96



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inspections, which is about average for the year. Jaynes provided an update on complaints received – sewage backing up in Nevada apartment, gutters hanging from building in Nevada apartment, burnt trailer not removed from trailer park, complaint sent to DNR regarding runoff from an animal confinement. Conceptual Reviews have been completed for Forest Ridge Subdivision, 2M Estates Ag Subdivision and Craig Variance. Jaynes updated trainings and meetings completed by staff. Jaynes provided information about miscellaneous items – flu immunization were provided to employees, contentious septic installation in court, another contentious installation in small claims, Ames Golf & Country Club, Inspection for fire code infractions with Nevada Fire Department, DOT well plugging not according to code.

Additional discussion took place about yoga studio inspections, removal of burned trailers that have been abandoned, storm water runoff within the City of Ames.

7. COMMENTS

Staff: None
Board: None

8. ADJOURNMENT 3:05 p.m.

Approval of Minutes

Title and Date



Gerd W. Clabaugh, MPA
 Director

Kim Reynolds
 Governor

Adam Gregg
 Lt. Governor

Contract Declarations & Execution Page

CONTRACT #: 5880AW85	PROJECT TITLE: Grants to Counties
CONTRACTOR LEGAL NAME AND ADDRESS: Story County Board of Health 900 6th St Nevada, IA 50201	PROJECT PERIOD: July 1, 2019 – June 30, 2020
STATE OF IOWA DEPT. OF ADMINISTRATIVE SERVICES VENDOR #: 0002129939	CONTRACT PERIOD: July 1, 2019 – June 30, 2020
Warrant/payment mailing address (if different from legal address):	TOTAL CONTRACT AMOUNT: \$30927
	FUNDING SOURCE: FEDERAL: \$0 STATE: \$30927 OTHER:\$0 Interagency State: \$30927 Interagency Federal: \$0 Private/Fees/Other:\$0
IOWA CODE CHAPTER 8F DESIGNATION: This contract is NOT covered by Iowa Code chapter 8F	Federal Subrecipient Addendum Needed? NO.
<p>The Contractor agrees to perform the work and to provide the services described in the Special conditions for the consideration stated herein. The duties, rights and obligations of the parties to this contract shall be governed by the Contract Documents, which include the Special Conditions, General Conditions, Request for Proposal and Application.</p> <p>The Contractor has reviewed and agrees to the Iowa Department of Public Health <u>General Conditions Effective July 1, 2019</u> as posted on the Department’s website under Funding Opportunities or as available by contacting Mindy Uhle at telephone (515) 242-6131. The contractor specifies no changes have been made to the Special Conditions or General Conditions.</p>	
<p>The parties hereto have executed this contract on the day and year last specified below.</p>	
For and on behalf of the Department:	For and on behalf of the Contractor:
By: _____ Ken Sharp, Director, Division of ADPER & EH	By: _____ Story County Board of Health

Special Conditions for Contract # 5880AW85

Article I- Identification of Parties:

This contract is entered into by and between the Iowa Department of Public Health (hereinafter referred to as Department) and the Contractor, as identified on the contract face sheet.

Article II - Designation of Authorized State Official:

Ken Sharp, Director of the Division of ADPER & EH is the Authorized State Official for this contract. Any changes in the terms, conditions, or amounts specified in this contract must be approved by the Authorized State Official. Negotiations concerning this contract should be referred to Mindy Uhle at telephone (515) 242-6131.

Article III - Designation of Contract Designation of Project Director:

1. The Contractor, as listed on the Contract Face Sheet, is responsible for financial and administrative matters of this Contract.
2. The Project Director, as designated by the Contractor and listed in Article IV – Key Personnel for Project Implementation, has the authority to manage the contract and the legal responsibility to assure compliance with all contract conditions. Negotiations concerning this contract should be referred to the Project Director.
3. The Project Director will receive key communications from the DEPARTMENT and will be responsible for keeping the Contractor and all Authorized Agencies informed of any relevant contract issues.
4. It is the Contractor's sole responsibility to ensure appropriate individual(s) have registered within IowaGrants. The Contractor acknowledges that all assigned individuals to the Grant Tracking site have full rights (add, modify, and delete) for all Grant Tracking site components including contractual forms such as work plans, personnel, budgets, and reporting forms, and claims submission. The Contractor designates Margaret Jaynes as the Grantee Contact in IowaGrants (www.IowaGrants.gov) who shall regulate and assign access of appropriate individuals to this grant site.

Article IV – Key Personnel:

The following individual(s) shall be considered key personnel for purposes of this contract:

Department Personnel

Name	Title	Email Address
Carmily Stone	Bureau Chief	Carmily.stone@idph.iowa.gov
Mindy Uhle	Program Consultant	Mindy.uhle@idph.iowa.gov
Kelly Barge	Program Contract Manager	Kelly.barge@idph.iowa.gov

Key Contractor Personnel

Name	Title	Email Address
Margaret Jaynes	Project Director	mjaynes@storycountyiowa.gov

The Contractor shall notify the department in writing within ten (10) working days of any change of Key Personnel identified in this section.

Article V - Statement of Contract Purpose:

It is the mutual desire of the Contractor and the Department to protect groundwater quality through the testing of private water wells, the plugging of abandoned private water wells, and the reconstruction of private water wells.

Article VI - Description of Work and Services:

In compliance with IAC 641-Chapter 24, the Contractor shall:

- A. Provide services outlined in this agreement in the following county/counties: Story
- B. Comply with the provisions of 641 IAC – Chapter 24.
- C. Enter appropriate data on the Iowa Department of Natural Resources' Private Well Tracking System (PWTS) prior to the submission of each quarterly claim.
- D. Prepare a quarterly claim voucher on www.iowagrants.gov.
- E. Maintain complete records of costs and payments per 641 IAC-24.
- F. Ensure staff are qualified as outlined in 641 IAC-24.7 (3) and submit the CEUs for approval to the Iowa Environmental Health Registry by January 15, 2020. Any staff member hired prior to July 1, 2019 and who is expected to perform the functions of a Qualified Staff member shall be listed as Qualified Staff in the Personnel form on iowagrants.gov. The Contractor shall upload a certificate issued by IEHA with the county's 2nd quarter claim. If the Contractor does not have expenses for the 2nd quarter, the Contractor shall file a \$0 claim and upload the certificate.
- G. Notify the DEPARTMENT within 10 business days of any change of information for the CONTRACTOR, which is relevant to the agreement including, but not limited to the following: project director, qualified staff, other personnel changes, or address. This notification shall be sent by email to Mindy Uhle at Melinda.uhle@idph.iowa.gov.
- H. Maintain, improve, and implement a Procedures Manual for the effective delivery of Grants to Counties program to include, but is not limited to, those areas outlined in 641 IAC-24.7 (8).
- I. Participate in IDPH-sponsored webinars and training events.
- J. Ensure that all contractor personnel, including Qualified Staff, are subscribed to the EH Listserv. To subscribe to the EH Local Listserv, follow the instructions on the Bureau of Environmental Health Services website: <http://idph.iowa.gov/Environmental-Health-Services>. Provide a

response to DEPARTMENT requests for additional documentation during the contract period.

The Department agrees to:

A. Reimburse the CONTRACTOR for expenses incurred as defined in 641 IAC-Chapter 24.

1. Water well-related training, including registration, mileage, lodging, and meals.
2. Supplies, advertising, and promotional purchases.
3. Testing, plugging, and reconstructing private water wells.
4. Plugging abandoned cisterns.

B. Update the CONTRACTOR of any contract changes:

1. Provide technical assistance related to www.iowagrants.gov.
2. Provide contract and program-related updates via the EH Listserv.
3. Update and distribute the FY20 Expenditure Guidance document as needed.
4. Develop and distribute the FY20 Training Expenditure Detail guidance document.
5. Update and distribute the FY20 Guidance for GTC Training Claims guidance document.

C. Provide technical assistance and training during the contract period.

Article VII – Performance Measure

The CONTRACTOR shall enter all well activities including well tests, well plugging, and well rehabilitations that used Grants to Counties funds into PWTS prior to submission of a quarterly claim. If activities do not match entries into the PWTS, the DEPARTMENT will withhold funds claimed until all entries are completed.

A. The CONTRACTOR shall submit CEU hours to the Iowa Environmental Health Association (IEHA) Registry for all Qualified Staff in order to maintain eligibility as a Grants-to-Counties program for the subsequent year. If the Contractor has not uploaded the IEHA Registry for all qualified staff by February 15, 2020, the DEPARTMENT will withhold payment for the 2nd quarter and subsequent claims until the Contractor has fulfilled the CEU requirement.

The Contractor shall submit any documentation required for the performance measure into the progress reports component of the grant site within IowaGrants.gov.

Article VIII – Reports:

The Contractor shall complete and submit the following reports in the grant site located in [IowaGrants](http://IowaGrants.gov). Additional details on submission requirements for allowable expense can be found in the 2020 Expenditure Guidance Document.

Document	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Subcontracts – Draft (Unsigned)	Submit for IDPH approval prior to execution.			
Due Date	10/30/19	2/15/20	4/30/20	7/30/20
Claim Voucher	X	X	X	X
Procedures Manual	X			
IEHA Registry Certificate		X		
Receipts/documentation for the following expenses claimed: <u>Infrastructure</u> <ul style="list-style-type: none"> ● Training ● Supplies ● Advertising/Promotional 	X	X	X	X
Receipts/documentation for the following expenses claimed: <u>Well Assessments and Shock Chlorination for Flooded Wells</u> (See below for guidance on reimbursement)	X	X	X	X
Receipts/documentation for <u>Other Water Tests</u> (See below for guidance)	X	X	X	X
Receipts/documentation for the following expenses claimed: <u>Services</u> <ul style="list-style-type: none"> ● Water Tests ● Well/Cistern Plugging ● Well Reconstruction 	As requested by the department			

Training Expenditures

The Department will reimburse expenditures for approved training provided that acceptable documentation is uploaded in the Claim Support Documentation section of the claim. Guidance can be found in the Department's *Guidance for GTC Training Claims* document. Training expenditures must be outlined on the *Training Expenditure Detail* form provided by the department.

Claims which include training expenditures, but do not include a *Training Expenditure Detail* form will be negotiated back to the Contractor for correction.

Well Assessments and Shock Chlorination for Flooded Wells

Per 641 IAC 24.5(7), the total maximum reimbursement to the county for a well reconstruction is \$1,330. Actual costs up to \$1,000 in reconstruction costs will be paid for each reconstruction. The county shall directly reimburse these costs to the well owner. An administrative expense of 33 percent of the actual reconstruction costs will be retained by the participating county. Grant funds may be used to conduct reconstruction intended to preclude contamination due to surface water intrusion by coliform or other infectious bacteria. Examples include repairs of casing, well caps, or pitless adapters and elimination of well pits.

The Contractor may reimburse well owners for well assessments and shock chlorination activities conducted under the Well Reconstruction budget line provided that:

- The well was affected by flood waters within 12 months prior to conducting a well assessment and/or shock chlorination.
- The well assessment or shock chlorination was conducted by an IDNR-certified well driller or pump installer.
- Well assessments will be covered up to a maximum of \$500
- Shock chlorination will be covered up to a maximum of \$300

To claim a well assessment or shock chlorination service, the Contractor must enter the well reconstruction (with actual cost) into the quarterly claim, and upload the following documents to the Claim Support Documentation section of the quarterly claim:

- A list of the well numbers which had a well assessment or shock chlorination with your claim.
- A copy of the paid invoice which was issued to the well owner. The invoice must be marked paid to be eligible for reimbursement.

Other Water Tests

The Contractor may be reimbursed for tests other than nitrate, bacteria, and arsenic if approved by the department. In approving additional tests the department will consider substances for which there is a perceived potential for exposure. Eligible contaminants include those for which a health advisory or maximum contaminant level (MCL) have been established.

Article IX - Budget:

The total maximum budget is \$30,927 per county. Contractors which demonstrate under-utilization of funding may experience a mid-contract reallocation. The revised budget will be based on historical expenditures. Mid-year reallocations will allow for more effective and complete use of funding for private well services while at the same time direct funding to areas of Iowa that have demonstrated a need for additional funding.

Infrastructure		
Item	Description	Maximum Budget
Training	Actual costs related to training event, including registration, miles, lodging and meals. Up to \$500 may be used for septic-related training.	\$1,000
Supplies	Actual cost	\$500
Promotional	Actual cost	\$1,000

Services

Item	Payable to Well Owner	Administrative Fee	Maximum Unit Cost
Well Testing	Actual cost of nitrate, bacteria, or arsenic analysis	\$60	Actual cost plus \$60
Well Testing	Actual cost of Other Water Tests	\$60	Actual cost plus \$60
Well Plugging	Actual cost up to \$500	\$75	\$575
Cistern Plugging	Actual cost up to \$300	\$75	\$375
Well Reconstruction (including well assessment)	Actual cost up to \$1000 <ul style="list-style-type: none"> • <u>Actual cost for shock chlorination up to \$300</u> • <u>Actual cost for well assessment up to \$500</u> 	33% of actual cost	\$1,330

The Contractor shall receive written approval from the Department prior to spending the final three (3) percent of all funds awarded. Written approval shall be requested by sending an email to Mindy Uhle, Melinda.uhle@idph.iowa.gov.

Article X - Payments:

1. Submission of Claims for contract period:

The Contractor shall complete and submit a claim following the completion of the corresponding deliverable. The claim shall be submitted in the grant site located in IowaGrants within 30 days of Department approval of the deliverable.

The Department shall verify the Contractor’s performance of the provision of Services/Deliverables and timeliness of claims before making payment. The Department may elect not to pay claims that are considered untimely.

The Contractor shall submit quarterly claims that cover the entire contract period, from July 1, 2019 to June 30, 2020. If expenses are not incurred during a quarter the contractor must submit a claim for \$0, or combine the reporting period with a later quarter.

2. End of State Fiscal Year Claims Submission: Notwithstanding the timeframes above, and absent:

- i. longer timeframes established in federal law or
- ii. the express written consent of the Department, the Contractor shall submit all claims to the Department by August 10th for all services performed in the preceding state fiscal year (the State fiscal year ends June 30).

The Department will not automatically pay end of state fiscal year claims that are considered untimely. If the Contractor seeks payment for end of state fiscal year claim(s) submitted after

August 10th, the Contractor may submit the late claim(s), as well as a justification for the untimely submission. The justification and request for payment must be submitted within the Correspondence component of this grant site. The Department may reimburse the claim if funding is available after the end of the fiscal year.

If funding is not available after the fiscal year, the claim may be submitted to State Appeal Board in accordance with instructions for consideration. Instructions for this process may be found at: http://www.dom.state.ia.us/appeals/general_claims.html.

3. The Department shall pay all approved invoices/claims in arrears. The Department may pay in less than sixty (60) days, but an election to pay in less than sixty (60) days shall not act as an implied waiver of Iowa law.
4. The Department provides contractual payments on the basis of reimbursement of actual expenses in accordance with Iowa Code 8A.514.
5. The Department will **not** reimburse the Contractor travel amounts in excess of limits established by Iowa Department of Administrative Services. Current instate and out of state travel rate reimbursements can be found posted on the Department's IDPH General Conditions for Service Contracts website.
6. Money allocated to each item in the Infrastructure budget cannot be moved between items.
7. Money allocated in the Infrastructure budget can be transferred to the services budget.
8. No additional money can be transferred from the Services budget to the Infrastructure budget.
9. Final payment may be withheld until all contractually required reports have been received and accepted by the Department. At the end of the contract period, unobligated contract amount funds shall revert to the Department.
10. Warrants (payments) for services provided under this contract will be made payable to the Contractor and mailed to the Contractor at the Contractor Legal Address as listed on the contract face page.
 - a. If the Contractor authorizes payments under this contract to be mailed to an address other than the Contractor Legal Address, the Contractor shall provide that address to the Department in the Alternate Mailing Address portion of the Business Organization Form – Contact Information section of the grant site form found in IowaGrants.
 - b. This address will be inserted in the 'Warrant/payment mailing address (if different from legal address)' field on the contract face page.
11. All funding payable to the Contractor must be received by the County Treasurer Office [Iowa Code 331.552(1)] and credited to the general fund of the county [Iowa Code 331.427(1)]. If the Department is made aware the funding payable to the Contractor is deposited into an account other than County Treasury, all current and future contractual funds issued by the Department (regardless of contractual program) will be delivered to the Contractor only via Electronic Fund Transfer (EFT) or by mailing the warrant to the Contractor if the EFT option has not been activated by the Contractor.

Article XI – Additional Conditions

1. The Contractor shall ensure all IowaGrant Grant Tracking site component information is accurate and current. This is inclusive of personnel, work plans, and budget forms. Requests by the Contractor for access to update the Grant Tracking site components shall be submitted through correspondence to the IDPH Program Contract Manager. If an update is approved by the Department, an amendment to the contract may be required.
2. An approved subcontractor shall not further subcontract any of the work or services related to this contract without written consent of IDPH.



2019 Annual Report

Iowa Medical Cannabidiol Board – Annual Report to the Iowa General Assembly



Authorship – Division of Behavioral Health, Office of Medical Cannabidiol

January 1, 2020

Iowa Department of Public Health
Protecting and Improving the Health of Iowans



Acknowledgements

Suggested Citation:

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Gov. Kim Reynolds
Lt. Gov. Adam Gregg
IDPH Director Gerd W. Clabaugh

Report Contact Information:

Owen Parker, Program Manager, Office of Medical Cannabidiol
Owen.parker@idph.iowa.gov
515-725-2904
<https://idph.iowa.gov/omc>

Acknowledgements:

Iowa Medical Cannabidiol Board Members – Cpt. Mike McKelvey, Chair, Dr. Ken Cheyne, Dr. Jill Liesveld, Dr. Lonny Miller, Dr. Stephen Richards, Dr. Robert Shreck, and Dr. Jacqueline Stoken.

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Executive Summary

Iowa Code chapter 124E was enacted on May 12, 2017. This code chapter established the Medical Cannabidiol Board (Board). The Board is tasked with the following responsibilities¹:

1. Accepting and reviewing petitions to add medical conditions, medical treatments or debilitating diseases to the list of debilitating medical conditions for which the medical use of cannabidiol would be medically beneficial under this chapter.
2. Making recommendations relating to the removal or addition of debilitating medical conditions to the list of allowable debilitating medical conditions for which the medical use of cannabidiol under this chapter would be medically beneficial.
3. Working with the department regarding the requirements for the licensure of medical cannabidiol manufacturers and medical cannabidiol dispensaries, including licensure procedures.
4. Advising the department regarding the location of medical cannabidiol manufacturers and medical cannabidiol dispensaries throughout the state.
5. Making recommendations related to the form and quantity of allowable medical uses of cannabidiol.
6. The Board also has the authority to make a recommendation for a statutory revision to the definition of medical cannabidiol to increase the allowable tetrahydrocannabinol (THC) level in medical cannabidiol products manufactured and sold in the state of Iowa².

This report summarizes the Board's activities and recommendations for improvement in each of these areas during calendar year 2019.

Just 18 months after the Medical Cannabidiol Act was signed into law, the first Iowan obtained medical cannabidiol that was legally manufactured and dispensed within Iowa. The Office of Medical Cannabidiol (OMC) continues to oversee registration of patients and caregivers, as well as the manufacture and sale of medical cannabidiol products to ensure they are dispensed in a manner that protects public health and safety. Calendar year 2019 has seen the combined number of patient and caregivers approved by IDPH increase by more than 600% and product sales exceed \$2,200,000. The data within the following figures and tables for this report were obtained through December 15, 2019, from the OMC Patient Registry and Secure Sales and Inventory Tracking System.

The Board recommendations highlighted in this report are aimed at improving Iowa's Medical Cannabidiol Program, which employs high quality manufacturing and quality assurance standards, in a manner that strives to protect public health and safety.

¹ Iowa Code section 124E.5(3)

² Iowa Code section 124E.5(6)

I. Report on Activities of the Board

Board Meetings³

The Board held four meetings during 2019 as allowed by Iowa Code chapter 124E.

1. [February 1, 2019](#)
2. [April 16, 2019](#)
3. [August 2, 2019](#)
4. [November 1, 2019](#)

February 1, 2019

At its February meeting, the Board considered two petitions for the addition of new qualifying conditions:

1. Cortico-basal Degeneration – **Approved (unanimously)**
2. Pulmonary Hypertension/Right-Heart Failure – **Denied (unanimously)**

The Board received a presentation by Dr. Ed Gogek, a psychiatrist, on the negative impacts of THC on the brain. Owen Parker, program manager, gave a presentation on the status of medical card registrations and sales. The Board also received an update on modifications to the facility and timeline on Iowa’s second licensed manufacturer, Iowa Relief, as well as updates from Iowa’s other licensees.

April 16, 2019

This meeting was originally scheduled for May, but was moved to April at the Board’s request to provide the Board with an opportunity to discuss pending legislation related to the program. At its April meeting, the Board considered two petitions for the addition of new qualifying conditions:

1. Severe, Intractable Autism with Self-Injurious or Aggressive Behaviors, All Ages
2. Adult Autism with Aggression and/or Self-Injury
 - The Board moved to combine the above petitions and considered the addition of “Severe, Intractable Autism with Self-Injurious or Aggressive Behaviors” – **Approved (unanimously)**

The Board also reviewed a letter from the Podiatric Medical Society, and considered making a recommendation to add podiatrists to the list of healthcare practitioners eligible to complete patient certifications for participation in the program. This recommendation was denied by a 4-1 vote.

The Board discussed the purchase cap of 25g THC per 90 days as proposed by 2019 Iowa Acts, House File 732. While the Board was in favor of the elimination of the **3%** THC cap, they

³ Iowa Code section 124E.5(2)

recommended a lower purchase cap of **4.5g** THC per 90 days, which was approved unanimously.

August 2, 2019

At its August meeting, the Board considered five petitions for the addition of new qualifying conditions:

1. Generalized Anxiety Disorder – **Denied (unanimously)**
2. PTSD – **Deferred to November 1, 2019 meeting**
3. Schizophrenia, Personality Disorder, Rape Trauma, Social Phobia, etc. – **Denied (unanimously)**
4. Opioid Dependency, Tolerance, & Use Disorder – **Denied (6-1)**
5. Severe or Chronic Pain – Amended to “Chronic Pain” – **Approved (unanimously)**

The Board considered a petition to recommend that the Department of Public Health ask the federal DEA to recognize Iowa’s Medical Cannabidiol Program as exempt from federal drug laws, which the Board approved.

The Board received a presentation from Owen Parker, program manager, on updated program data and how access to THC in Iowa compares to other states.

The Board received a presentation from the Iowa Podiatric Medical Society recommending the addition of podiatrists to the list of healthcare practitioners eligible to complete patient certifications for participation in the Iowa program. The Board approved the recommendation by a 6-1 vote.

There was a motion to assemble a Medical Cannabidiol Petition Subcommittee of the Board (three members) to review petitions and make recommendations to the full Board, and the motion was approved.

The Board’s recommendations to be included in the Annual Report were discussed, and are included in Section II of this document.

November 1, 2019

At its November meeting, the Board considered four petitions for the addition of new qualifying conditions:

1. PTSD – **Approved (4-2)**
2. Intellectual Disability (ID) with Aggression and/or Self-Injury – **Approved (5-1)**
3. Opioid Dependency, Tolerance, & Use Disorder – **Denied (Unanimously)**
4. Alzheimer’s Disease – **Denied (Unanimously)**

At 8:30 a.m. on November 1, the recently assembled Medical Cannabidiol Petition Subcommittee received public comment on the petitions above. This subcommittee was assigned to review the petitions to add new conditions, including the literature included with and referenced within the petitions. The subcommittee also did independent research for additional literature regarding the use of medical cannabis to treat the petitioned conditions,

and was allowed to make recommendations to the full Board related to a decision on the petition. This subcommittee of the Board is currently comprised of Drs. Shreck, Richards and Liesveld.

The Board considered an additional petition for the addition of vaporized flower as a new medical treatment; however, this would be in conflict with Iowa Code 124E which forbids “combustible” form and no action was taken on this petition.

The Board received updates from licensees on their operations, a review of data from the first year of sales from Owen Parker, and the results of a survey done by the College of Public Health at the University of Iowa on Iowa physicians about their attitudes and knowledge around medical cannabis.

The Board also further discussed their recommendations to be included in this report and these are included in Section II of this document.

In Summary:

As detailed above, the Board considered petitions to add 11 new qualifying debilitating medical conditions during 2019.

1. Cortico-basal Degeneration
2. Pulmonary Hypertension/Right-Heart Failure
3. Severe, Intractable Autism with Self-Injurious or Aggressive Behaviors, All Ages
4. Adult Autism with Aggression and/or Self-Injury
5. Generalized Anxiety Disorder
6. PTSD
7. Opioid Dependency, Tolerance, & Use Disorder
8. Schizophrenia, Personality Disorder, Rape Trauma, Social Phobia, etc.
9. Severe or Chronic Pain
10. Intellectual Disability (ID) with Aggression and/or Self-Injury
11. Alzheimer’s Disease

The Board recommended adding the following debilitating medical conditions in 2019⁴:

1. Cortico-basal Degeneration – Approved by the Board of Medicine (Effective October 16, 2019)
2. Severe, Intractable Autism with Self-Injurious or Aggressive Behaviors – Approved by the Board of Medicine (Effective November 27, 2019)
3. Chronic Pain – Unanimously denied by the Board of Medicine on September 20, 2019
4. PTSD – To be considered by the Iowa Board of Medicine
5. Intellectual Disability (ID) with Aggression and/or Self-Injury – To be considered by the Board of Medicine

II. 2019 Recommendations of the Board to the Iowa General Assembly

Please note: The Board has authorized its chairman to appoint, from time-to-time, one to three Board members to meet with other stakeholders to discuss and explain the recommendations below.

1. Removal of the 3% THC Limit in Final Medical Cannabidiol Product Formulations, and Movement to “4.5g THC per 90 days”⁴

The Board recommends removal of the **3%** THC limit in medical cannabidiol product formulations and replacement with a purchase limit of **4.5g** THC per 90 days. This recommendation was made at the April meeting and re-affirmed at the August meeting.

Rationale: The current **3%** THC limit does not allow for effective tincture or vaporizable forms, both of which enable more precise dosing by the patient. The current medical literature reviewed by the Board provides convincing evidence of benefit from medical cannabis for various conditions with THC doses up to **30 milligrams (mg)** per day (which is **2.7 grams (g)** of THC per 90-day period). The Board recommends a limit of **4.5g** THC per 90 days (which is **50mg** THC per day) as a compassionate effort to cover outliers as a result of variable body size, body metabolism, inefficient application, etc. This recommended purchase cap of **4.5g** THC per 90 days is in recognition of the limited intent of the Iowa program.

The Board does recommend two exceptions to this purchase cap of **4.5g** THC per 90 days, both involving active intervention, management and judgement by the patient’s certifying healthcare practitioner:

- a. The Board recommends allowing certifying health care practitioners to waive the **4.5g** THC per 90 days purchase limit for patients who are certified to be terminally ill with an estimated survival of less than one year.
- b. The Board recommends that certifying health care practitioners be able to certify any other patients for a higher THC purchase limit if, after participating in the program under the **4.5g** THC purchase limit, the patient and certifying health care provider agree that **4.5g** of THC over 90 days is not a sufficient amount of THC to treat the patient’s debilitating medical condition.

2. Removal of the Felony Disqualifiers for Patients and Caregivers

Currently, chapter 124E disqualifies patients and caregivers with certain felony convictions from obtaining a registration card. The Board recommends removing this provision, as withholding medical treatment on the basis of criminal conviction violates the *AMA Code of Medical Ethics*.

⁴ Iowa Code section 124E.5(6)

3. Adding Mid-level Providers to the List of Healthcare Practitioners

Chapter 124E permits only licensed physicians to certify a patient’s debilitating medical condition for purposes of obtaining a patient or primary caregiver registration card. To ensure access to registration cards for a greater number of patients, the Board recommends allowing advanced practice providers, including physician assistants (PAs), advanced registered nurse practitioners (ARNPs), as well as podiatric physicians to certify a patient’s debilitating medical condition for the purpose of obtaining a medical cannabidiol registration card. These practitioners have prescribing authority under both Iowa and Federal law identical to that of MDs and DOs, and currently provide a significant fraction of primary care in Iowa.

4. Require Pharmacists in Dispensaries

The Board recommends requiring pharmacists in dispensaries to make dosing recommendations. The Board makes this recommendation to ensure patient safety. At least two other states, Pennsylvania and Minnesota, require a licensed pharmacist to work at each dispensary.

5. Physician Access to the Patient Registry

The Board recommends adding an exception to the confidentiality provisions for the patient registry established by Chapter 124E for licensed medical providers that are permitted to certify patients for participation in the program. This would allow providers to determine whether patients have been approved for medical cannabidiol registration cards by providers other than themselves. This could be done through a validated request directly to the Secure Sales and Inventory Tracking System.

6. Develop Language to Protect Schools, and Long-Term and Acute Care Facilities

Facilities that receive federal funding are hesitant to allow medical cannabidiol products to be administered and stored at the facilities due to the current scheduling of *Cannabis* at the federal level. There are Iowa patients within these facilities who are unable to store their medication at the facility, or have their medication administered by facility staff, because of concerns about adverse consequences for the facilities. Developing language to protect these facilities or seeking exemption for Iowa’s program from federal drug laws would benefit patients and facilities.

7. Require Department Research (Observational Study)

The Board recommends that the department have the authority and resources to conduct an observational effectiveness study with patients and healthcare practitioners, as there is limited domestic research on the effectiveness of medical cannabidiol products. This would be similar to Minnesota’s program, which receives resources to conduct ongoing observational studies with their patients and providers.

8. Movement to a “Total THC” Calculation for Determination of Product Potency

Currently, chapter 124E only takes Tetrahydrocannabinol (THC) into account when calculating the THC content for products. It does not take Tetrahydrocannabinolic Acid (THCa) into account - THCa converts to THC when heat is applied. The Board recommends moving to a "total THC" formula including both THC and THCa for determining THC purchase limits, so that the total effective THC in a product can be considered. This is typically the way THC content is measured in other state-regulated cannabis programs.

9. Removal of the Department of Transportation (DOT) from the Registration Card Process

The current requirement to obtain a registration card from the DOT is a barrier to access. The Board acknowledged that this requirement does not prevent fraud because patients and caregivers are required to provide proof of identification at the time of application for a registration card, and the validity of the identification provided is verified by the Department of Public Health, using DOT data, at the time of patient registration. The Board recommends IDPH issue patient and caregiver registration cards directly to eliminate the burden on sick patients to go to the DOT to get a registration card.

10. Renaming the Program to Reflect the Comprehensive Nature of the Program

The Board recommends renaming Chapter 124E to be the “Iowa Medical Cannabis Act” to reflect that products containing THC are also authorized to be sold and manufactured by the law.

11. Board Meeting Frequency

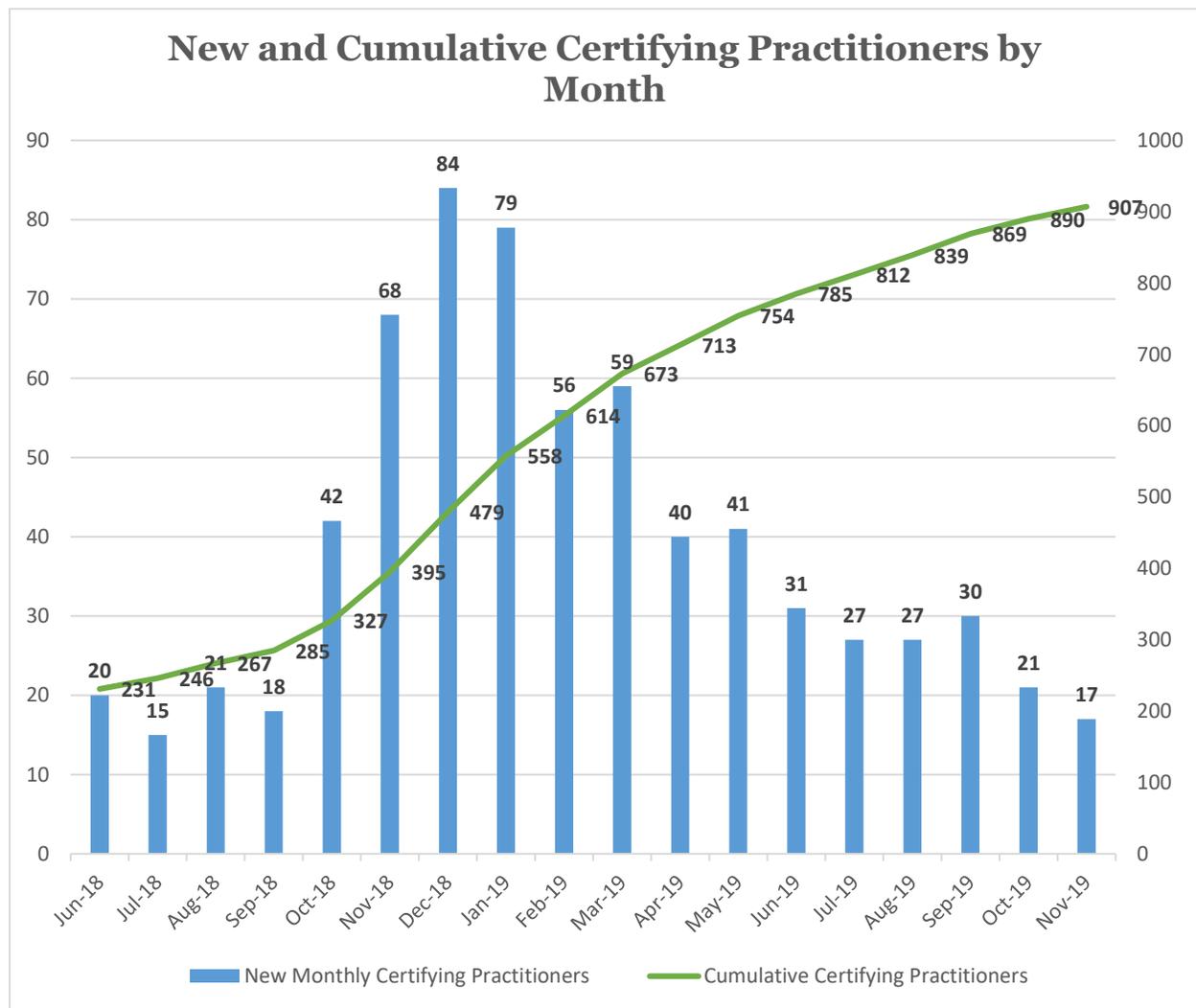
The law currently restricts the number of board meetings to four per year. Board members would like to see that restriction lifted. The intent would be to still meet quarterly, but it would be helpful to have the ability to meet more frequently, should the need arise.

III. Data from Year-One of Program Sales

1. Healthcare Practitioner Certification

To issue a certification for the use of medical cannabidiol to patients, there is no requirement for a physician to complete specific training on medical cannabis. Although it is a recommendation of the Board to allow additional disciplines to certify patients, at this time it is limited to physicians only. Early on in the program, physician engagement was limited. **Figure 1** depicts how, throughout the first year of sales (beginning December, 2018), there has been a progressive increase in the overall participation from Iowa’s physicians. Over the past 18 months, OMC staff gave over 60 educational presentations across the state to physicians and healthcare stakeholders. There are over 900 unique Iowa physicians who have certified at least one patient, a greater than 160% increase since program sales began on December 1, 2018.

Figure 1.



2. Patient Registration and Demographics

Prior to the availability of in-state manufacturing and dispensing of medical cannabidiol products, patient participation in the program was limited. Since sales began December 1, 2018, there has been a greater than 600% increase in the number of approved patients. **Figure 2** depicts the monthly and cumulative number of patient approvals since January 2018. Since program sales launched (December 2018), the department has received 300-450 applications per month. Entering the second year of product sales, IDPH will closely monitor data on patients renewing their registrations.

Figure 2.

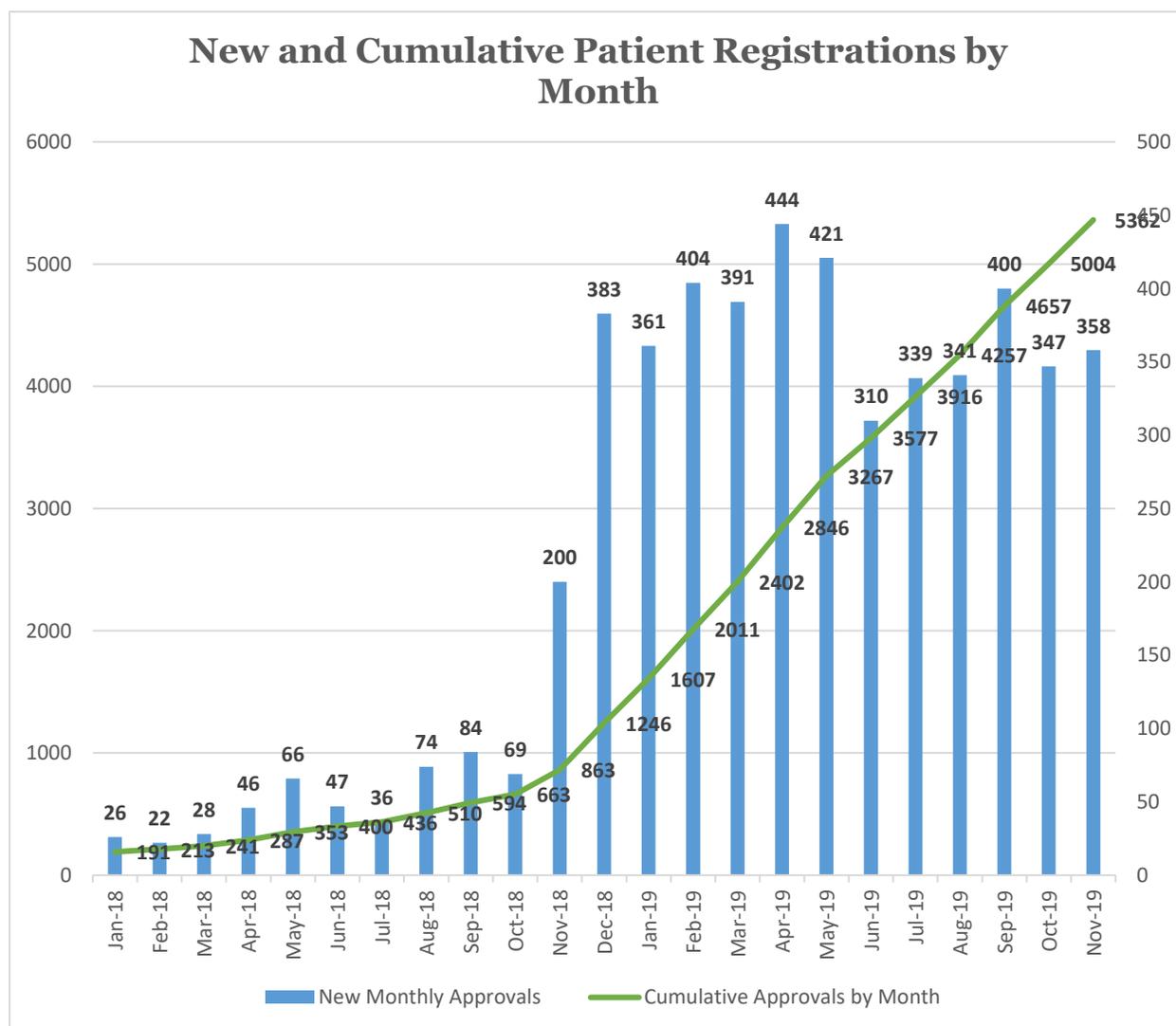
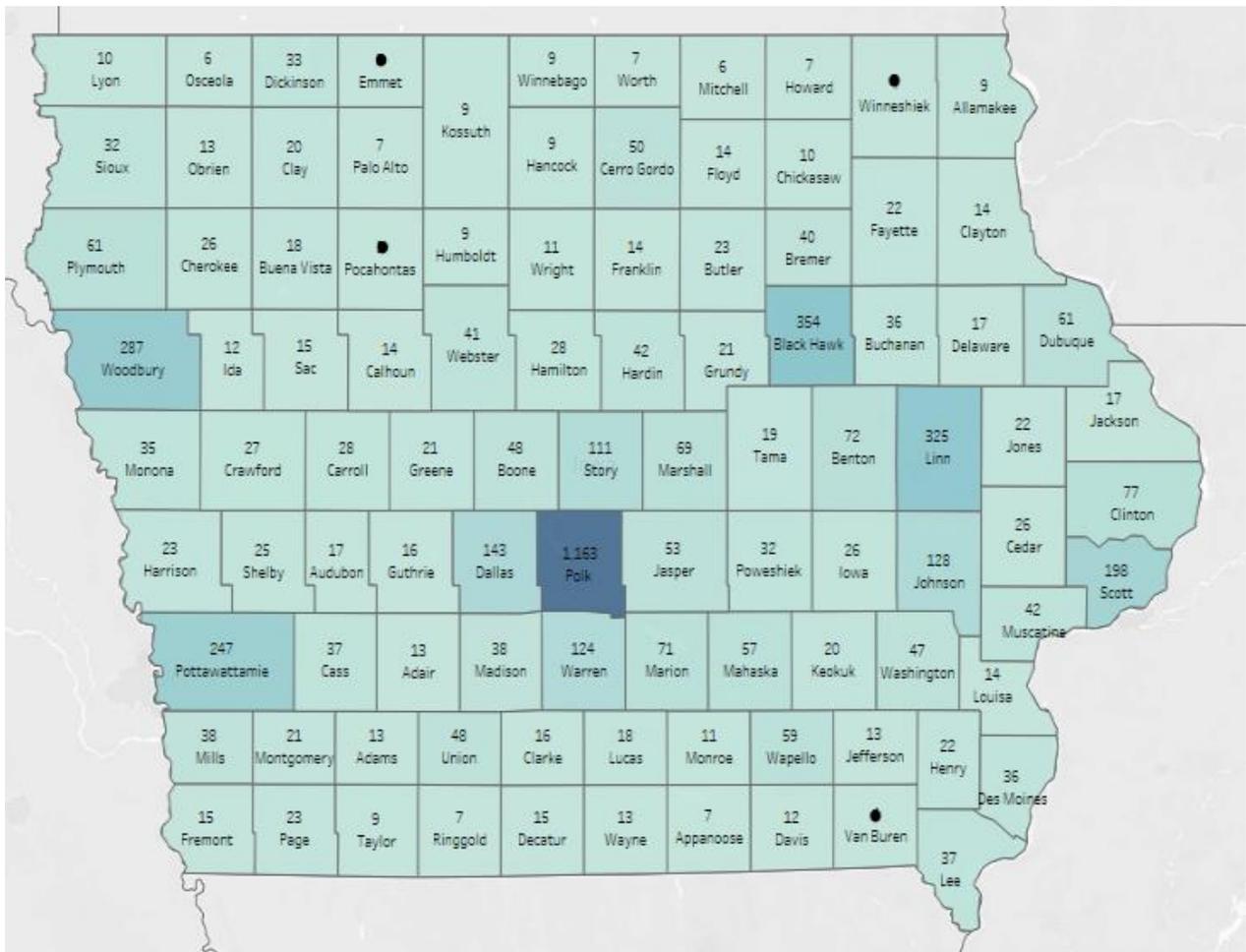


Figure 3 depicts the patient population density of all of Iowa’s counties. The vast majority of patients are concentrated in urban areas, as well as communities that contain one of the five licensed dispensaries. There has been limited participation in Iowa’s more rural communities. This could be attributed to multiple factors, including, but not limited to, only having a single primary care provider who may or may not complete a patient certification, as well as distance to the nearest dispensary.

Figure 3.
Patient Population Density by County



Note: Values of < 5 are indicated by *

Table 1 depicts the patient certification by age group for each qualifying condition. To date, the most common certified qualifying condition is untreatable pain (66.83%). In relation to gender, there is near-equal participation in the program between males (47%) and females (53%). Additionally, nearly 50% of the program’s patient population are between the ages of 50 and 70 years.

Table 1.

Patient Certifications by Age and Qualifying Condition

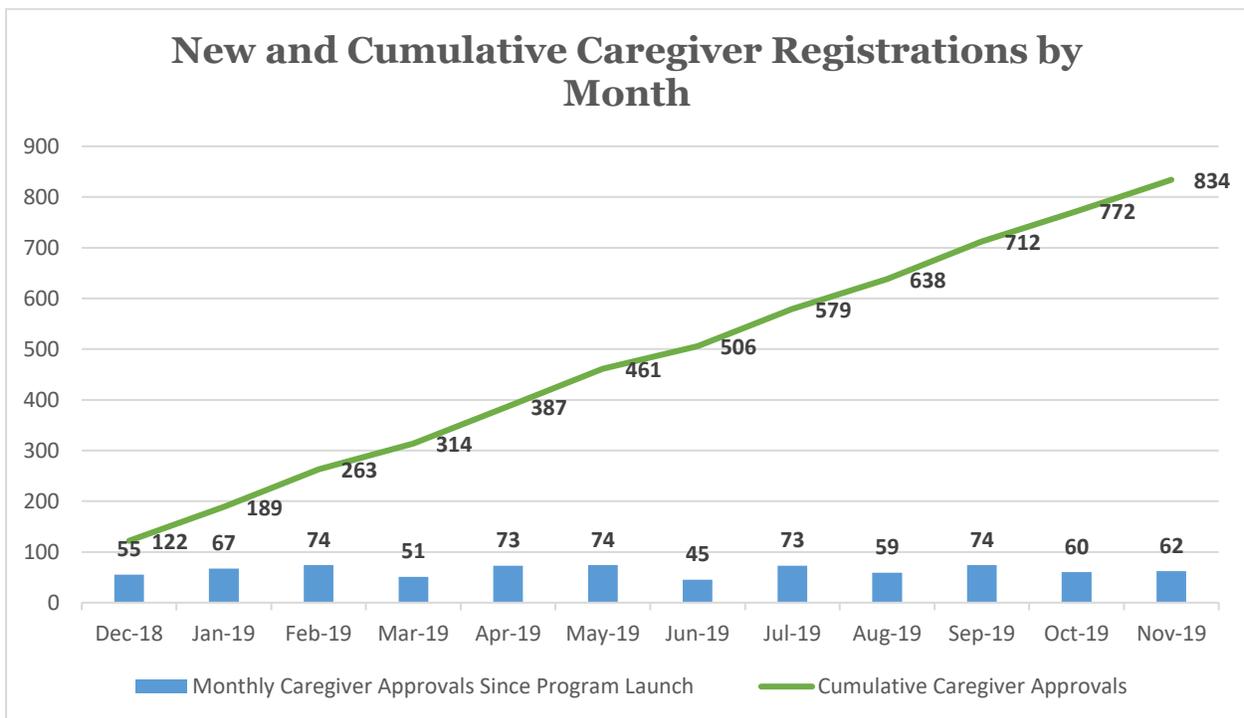
Age Range	AIDS/HIV	ALS	Autism	Cancer	Crohn's	MS	Parkinson's	Seizures	Terminal	Ulcerative Colitis	Untreatable Pain	Total	% age range
1-10				2		2		19	1		2	26	0.56%
11-20			14	4	2	1	1	28	0		13	63	1.36%
21-30	2		11	7	18	7	1	38	1	6	116	207	4.47%
31-40	9		6	26	28	36		35	4	11	313	468	10.11%
41-50	6			53	32	72	8	39	3	5	484	702	15.17%
51-60	14	2		121	20	103	21	25	4	5	774	1089	23.53%
61-70	7	11		170	20	57	60	19	9	4	762	1119	24.18%
71-80		10		111	10	14	67	3	12		427	654	14.13%
81-90		1		31		2	43	1	5		177	260	5.62%
91-100				3			3		2		25	33	0.71%
Total	38	24	31	528	129	306	207	200	41	31	3093	4628	100.00%
%Total	0.82%	0.52%	0.67%	11.41%	2.79%	6.61%	4.47%	4.32%	0.89%	0.67%	66.83%	100.00%	

Note: Patients may have more than one qualifying condition; however, the data reflected in this table represents unique certified patients and includes only the primary condition listed on each certification

3. Caregiver Registration

Designated caregivers are those who are certified by a patient’s healthcare practitioner to purchase, possess and administer medical cannabidiol products on behalf of a patient. A caregiver will be designated if a patient is too ill, immobilized or otherwise unable to visit a dispensary. **Figure 4** depicts the cumulative and monthly caregiver applications that have been approved. As Iowa’s conditions list consists of debilitating conditions, around 15% of all patients designate a primary caregiver.

Figure 4.



4. Dispensary Transactions

Iowa’s five licensed dispensaries must transmit their medical cannabidiol dispensing data to the state’s Secure Sales and Inventory Tracking System on a real-time basis, and reconcile their inventory with the state’s system every week. **Figure 5** depicts unique monthly patient visits, as well as cumulative monthly transactions between the five licensed dispensaries during the first year of product sales. As patient numbers have continued to climb, the number of patient visits and overall number of transactions have continued to increase together in a linear fashion. To date, we have seen over 16,000 transactions culminate to greater than \$2,200,000 in sales, with an average transaction price of \$136.

Figure 5.

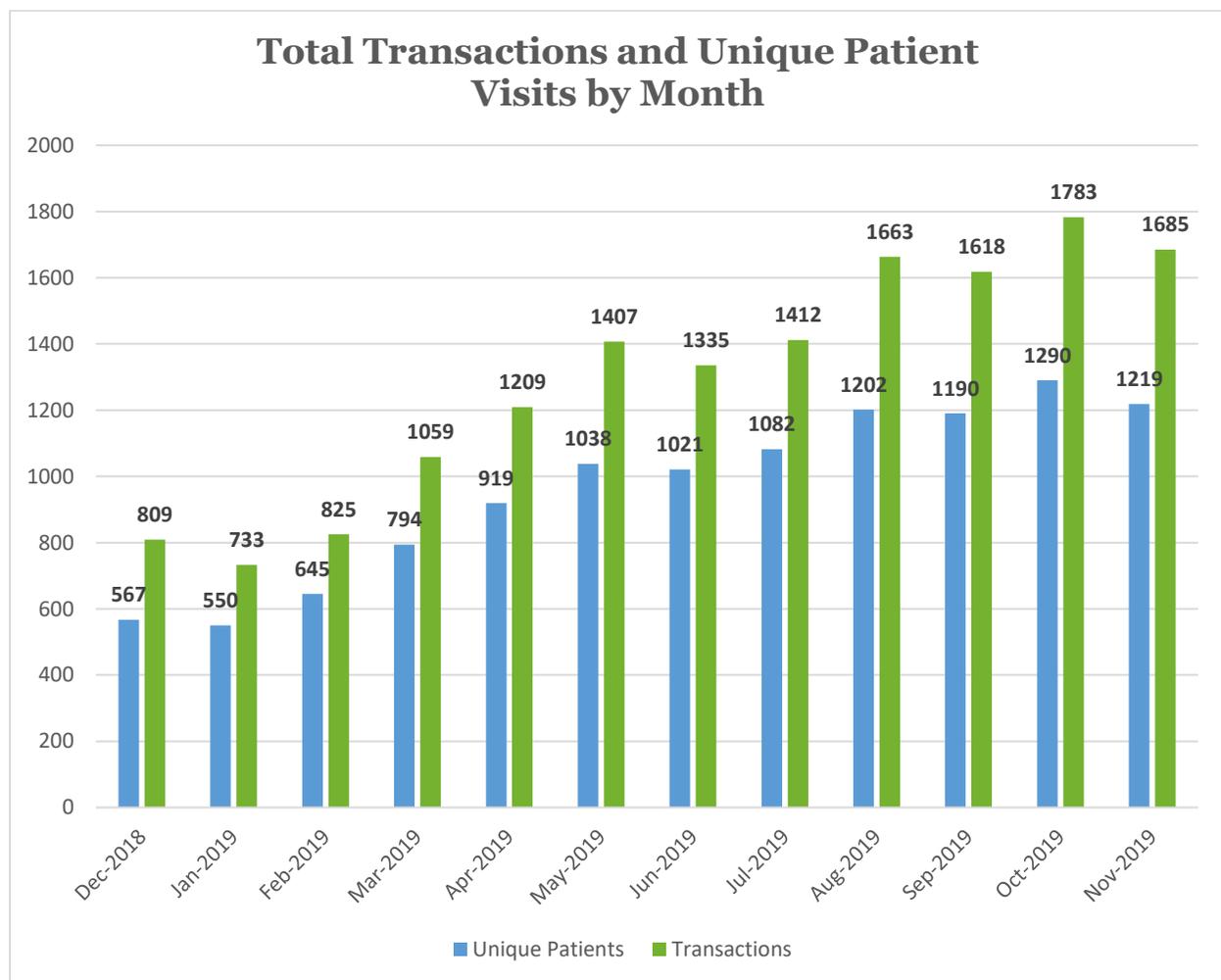
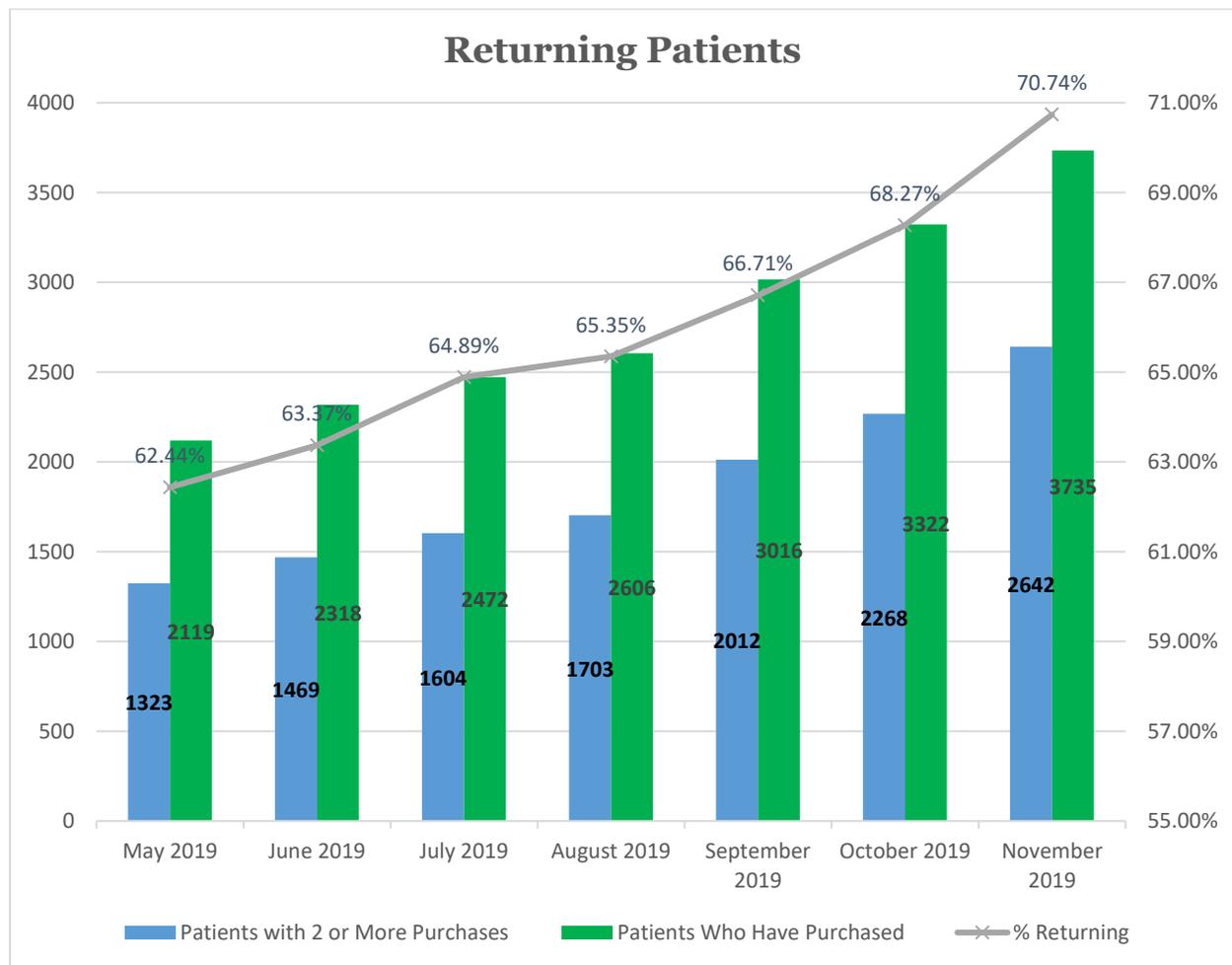


Figure 6 examines patient participation by comparing the number of patients who have made a dispensary purchase, to the percentage of patients who have made two or more purchases. Patients may only purchase once for a variety of reasons, including, but not limited to, product cost, product efficacy, death of the patient or distance from a dispensary. While Iowa has many patients who have only made a single purchase, the percentage of patients making multiple purchases has steadily increased.

Figure 6.



5. Purchasing Behavior by Form, Quantity, and Condition

Chapter 124E allows Iowa’s two licensed manufacturers (MedPharm Iowa, LLC and Iowa Relief, LLC) to manufacture products in the following forms: oral forms (tinctures, capsules, tablets and sublingual forms), topical forms (gels, ointments, creams, lotions and transdermal patches), nebulizable forms, suppositories and vaporized forms (vaporized forms became available for sale on August 7, 2019). None of the final product formulations have a Tetrahydrocannabinol (THC) greater than 3% in mg/g for solids, and mg/mL for liquids. Important to note, for most forms, a percentage-based potency calculation does not provide an actual limit on the amount of THC that can be contained in a product. **Figure 7** and **Figure 8** shows the overall percentage of product sales by formulation.

Figure 7.

Percentage of Total Sales by Formulation

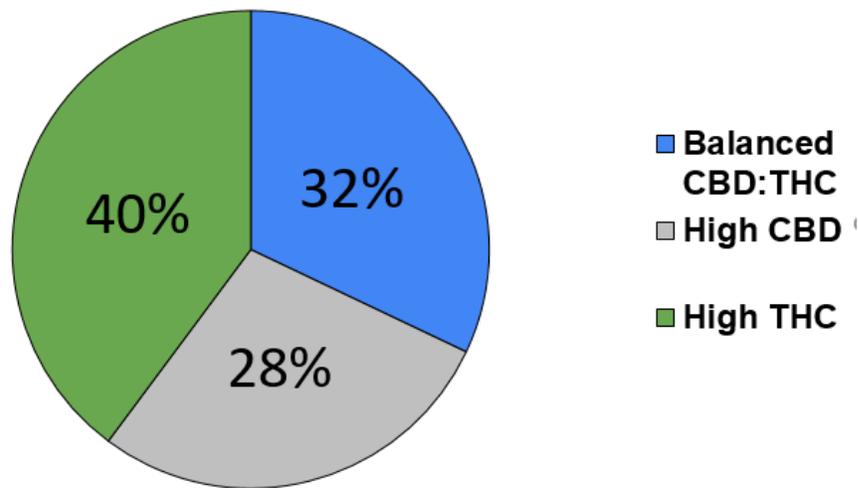


Figure 8.

Percentage of Total sales by Product Type

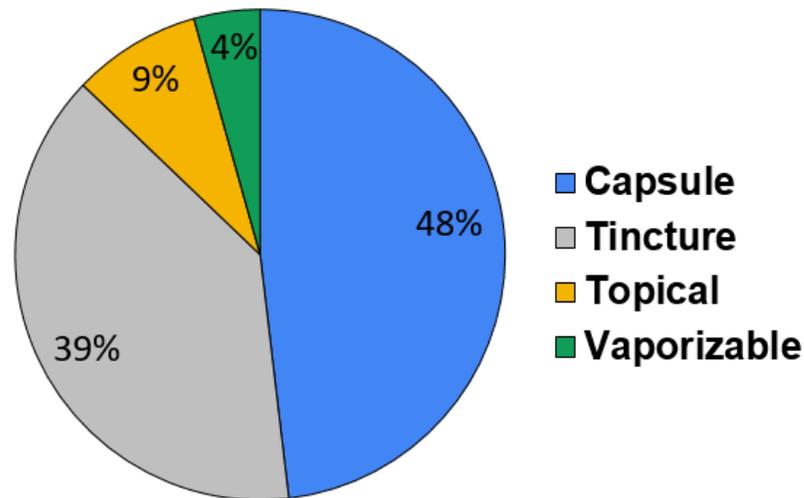
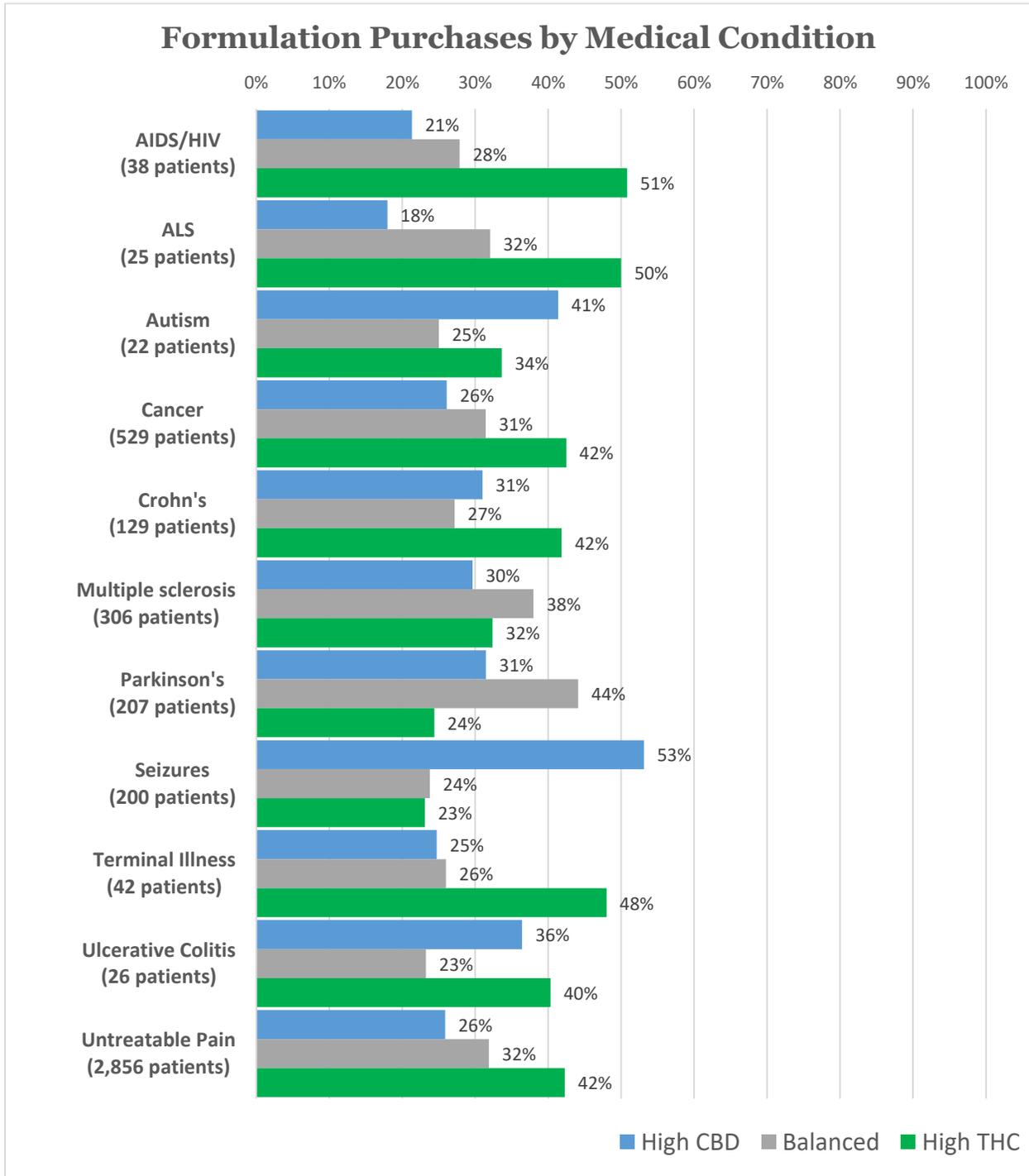


Table 2 provides percentage-based purchasing behaviors for a given product formulation and qualifying condition. Patients in Iowa purchase a variety of formulations of CBD and THC for a given condition.

Table 2.



IV. Product Testing & Adverse Event Reporting

Product safety and consistency is of paramount concern to the department. All medical cannabidiol products are tested by the University of Iowa’s State Hygienic Laboratory (SHL). At the time of this publication, the department has not received any reports of adverse reactions or events related to products manufactured by our licensees.

Dear Story County Resident,

We are conducting a needs assessment to determine the most important health and human services issues that need to be addressed in Story County. Please share your thoughts about these issues through this survey or you may access it via <https://www.surveymonkey.com/r/SCNeedsAssessment>. Your feedback will be used to help shape future health and human service programs and services across the county. Your responses to this survey will be kept anonymous and confidential.

Thank you,

Story County Quality of Life Alliance

1. Please select the importance of the following health and human service needs for Story County residents:

	Highly Important	Modestly Important	Low Importance	Not Important
Addiction Services				
Childcare				
Crisis Management				
Food Security (enough food)				
Health Care				
Housing				
Income				
Legal Counsel				
Mental Health Services				
Suicide Prevention				
Transportation				

2. Why did you select “highly” or “modestly” important for any of the needs listed above?

___ Personal Need

___ I have friends that are in need of such services

___ I work in the human services field and see needs of children and families

___ I work in a school and see the needs of students and families

___ Other (Please specify) _____

3. Why did you select “low importance” or “not important” for any of the needs listed above?

I don't have a personal need

I don't have friends with this need

I work in the human services field and this doesn't come up as a need for the individuals, children or families I work with.

I work in a school and this isn't a need that our students or families have stated.

Other _____

4. What other needs are “highly” or “modestly” important for Story County residents and why?

5. What other needs have “low importance” or are “not important” for Story County residents and why?

6. What is your gender?

Female Male Other Choose not to disclose

7. What is your age?

Under 18 18-24 25-34 35-44 45-54

55-64 65-74 Over 75 Choose not to disclose

8. Are you an Iowa State student?

No Yes

9. Do you have Health Insurance:

No Yes

10. How would you describe your overall Health

Excellent Very Good Fair Poor Very Poor

11. What additional comments do you have about the health and human service needs of Story County residents?

Place the completed survey in the box/envelope provided or return it to the front desk at Youth and Social Services, 420 Kellogg, Ames. Attn: Gerri Bugg by **March 1st**. Thank you for your feedback!

ENVIRONMENTAL HEALTH FEES

FEE TYPE	FEE AMOUNT
Septic Permit	\$150.00
Soil Evaluation	\$100.00
Well Permit	\$125.00
DNR Well Permit	\$25.00
Trip fee	\$20.00
Radon Test Kit	\$8.00

SWIMMING POOLS & SPAS - FEES

Pool Type	Inspection Fee
Swimming pool or leisure river, surface area less than 1500 ft ²	\$170.00
Swimming pool or leisure river, surface area 1500 ft ² or greater	\$270.00
Wave pool	\$270.00
Water slide and plunge pool	\$270.00
Spa	\$170.00
Wading pool less than or equal to 500 ft ²	\$50.00
Wading pool greater than 500 ft ²	\$90.00
Residential swimming pool used for commercial purposes	\$50.00

Water Slides	Inspection Fee
Each additional water slide into a plunge pool	\$75.00
Water slide into a swimming pool	\$175.00
Each additional water slide into a swimming pool	\$75.00

DRAFT Jan 16, 2020
Send to stakeholders 1/17/20

STORY COUNTY ORDINANCE CHAPTER 65

PRIVATE SEWAGE DISPOSAL SYSTEMS

65.01 PURPOSE. The purpose of this chapter is to safeguard public health and protect water quality by minimizing the impact of private sewage disposal systems (PSDS) by promoting the maintenance of existing systems and employing best technology for new system installation.

65.02 APPLICABILITY. The provisions contained herein apply to any system that provides for the treatment or disposal of domestic sewage from four or fewer dwelling units or the equivalent of less than 16 individuals on a continuing basis, including domestic waste, whether residential or nonresidential, but not including any industrial waste of any flow rate except for on-farm food processing provisions described in 567 IAC 68.

65.03 ADOPTION OF STATE CODE. Pursuant to the authority granted in Section 137.104 of the *Code of Iowa*, the Board of Health adopts, in its entirety, by reference, Iowa Administrative Code 567 IAC Chapter 69 – *Private Sewage Disposal Systems*.

65.04 DESIGNATED AGENCY. Pursuant to Chapter 137 of the *Code of Iowa*, the Story County Environmental Health Department (EH) is the designated agency to interpret, monitor and enforce the rules contained in Iowa Administrative Code 567 IAC Chapter 69 – *Private Sewage Disposal Systems* and Story County Ordinance Chapter 65 - *Private Sewage Disposal Systems*.

65.05 ADDITIONAL RULES. Pursuant to Section 137.104 of the *Code of Iowa*, the Board of Health adopts the additional rules contained in this chapter regulating private sewage disposal systems.

65.06 DEFINITIONS.

1. Bedroom means a place where people sleep. Story County does not have a building code, so there are no specific items, such as an egress, a closet, minimum room size, minimum height, etcetera, that make a room a bedroom. Residential septic system sizing is based on the number of bedrooms and soil type. A bedroom, for septic sizing, accommodates two people. Owners, in the

process of selling a house, shall disclose the total number of bedrooms used for sizing the septic system, as stated on the permit, in an effort inform buyers of the wastewater generation capacity.

2. Certified Installer means a person who qualifies as a Certified Installer of On-site Wastewater Treatment Systems (CIOWTS). Certification, recertification, and continuing education for CIOWTS is accredited by the Iowa On-site Waste Water Association (IOWWA). Continuing education credits for CIOWTS certification obtained prior to January 1, 2018 may continue to be tracked with the National Environmental Health Association (NEHA) or IOWWA. If the IOWWA Board members have good reason to believe the certified installer is not meeting the standards of a CIOWTS contractor, the IOWWA board has the authority to revoke a certification, with an appeal process available for the contractor. Refer to the IOWWA *Certified Installer On-site Wastewater Treatment Systems Credentialing Handbook*.

3. Maintenance contract means a binding document between the property owner and a PSDS maintenance contractor. A maintenance contractor has been trained by the system’s manufacturer to service, monitor, make minor repairs, and report on said manufactured system. For systems no longer being manufactured, a person may service a septic device via permission granted by a variance issued by the EH. Maintenance contractors are not required to be a Certified Installer.

4. Professional Private Sewage Disposal System Evaluator and Designer (PPSD Evaluator/Designer)

Commented [MCJ1]: New definition

A. Includes a person who is able to successfully:

1. Demonstrate knowledge and skill in soil morphology, observing attributes such as color, mottling, reduction-oxidation, texture, structure, and compaction.
2. Identify seasonal groundwater levels and other limiting layers.
3. Identify soil loading rates.
4. Identify topography and landforms and complex slopes as they relate to wastewater treatment.

A. 5. Identify the optimum type and placement and depth of disposal systems.

6. Design systems as per the requirements of IAC Chapter 69 “Private Sewage Disposal Systems” and this ordinance.
7. Identify the proper use of pumps, tanks, distribution boxes, valves, plumbing, piping, grease traps, holding tanks, and aggregate.
8. Demonstrate knowledge of wastewater strengths.

B. PSDS Evaluator/Designer include, but is not limited to:

1. Licensed engineers in the State of Iowa. A minimum of three years of experience in onsite wastewater treatment system design and soil evaluations are required.
2. Soils professionals with a bachelor’s or associate’s degree from an accredited postsecondary education institution in Soil Science, Environmental Science, Agronomy, or related field. A minimum of three years of experience in onsite wastewater treatment system design and soil evaluations are required.
3. The Story County Sanitarian may conduct evaluations/designs on a limited, emergency basis. The fee shall be set by the BOH. Checks are payable to the Story County Treasurer, and directed to EH.

C. A person wanting to work in Story County as a PPSD Evaluator/Designer shall submit an application and supporting documentation to EH. Application forms shall be provided by EH. An interview may be requested by EH to aid in determining if a person is qualified to be a PPSD Evaluator/Designer in Story County. An appeal for denials may be requested in writing to the BOH within thirty days of EH's decision.

5. **Stream** means any watercourse listed as a “designated use segment” in rule IAC Chapter 61 567-61.3 (455B) which includes any watercourse that maintains flow throughout the year or contains sufficient pooled areas during intermittent flow periods to maintain a viable aquatic community. Designated use segments include:

Commented [MCJ2]: Added this definition, copied from ch 69 to help clarify setback requirements for streams

- A. Class 'A1' water, as per the State of Iowa water classifications, also referred to as a primary contact recreational use water, means waters in which recreational or other uses may result in prolonged and direct contact with the water, involving considerable risk of ingesting water in quantities sufficient to pose a health hazard. Such activities would include, but not be limited to, swimming, diving, water skiing, and water contact recreational canoeing.
- B. Class 'A2' water, as per the State of Iowa water classifications, also referred to as a secondary contact recreational use water, means waters in which recreational or other uses may result in contact with the water that is either incidental or accidental. Such uses include fishing, commercial and recreational boating, any limited contact incidental to shoreline activities and activities in which users do not swim or float in the water body while on a boating activity.
- C. Class 'A3' water, as per the State of Iowa water classifications, also referred to as a children's recreational use water, means waters in which recreational uses by children are common. Such waters are water bodies having definite banks and bed with visible evidence of the flow or occurrence of water. This type of use would primarily occur in urban or residential areas.

65.07 ABBREVIATIONS.

- 1. **BOH** Story County Board of Health
- 2. **CBOD5** Carbonaceous biochemical oxygen demand (five-day)” means the amount of oxygen consumed in the biological processes that break down carbonaceous organic matter in water by aerobic biochemical action in five days at 20°C
- 3. **CIOWTS** Certified Installer of Onsite Wastewater Treatment
- 4. **EH** Story County Environmental Health Department personnel
- 5. **EPA** Federal Environmental Protection Agency
- 6. **IDNR** Iowa Department of Natural Resources
- 7. **IOWWA** Iowa On-site Wastewater Association
- 8. **NEHA** National Environmental Health Association
- 9. **NOI** Notice of Intent to discharge
- 10. **NPDES** National Pollutant Discharge Elimination System
- 11. **PPSD Evaluator/Designer** Professional Private Sewage Disposal System Evaluator and Designer
- 12. **PSDS** Private Sewage Disposal System

13. TSS Total Suspended Solids

65.08 SETBACKS. Setbacks more stringent than the IDNR requirements have been established by Story County to enhance water quality protection. Septic systems installed prior to DATE are not subject to the new setbacks.

Commented [MCJ3]: Should we make this a date? Jan 1 2021?

Minimum Horizontal Distance in Feet From	Closed Portion of Treatment System *	Open Portion of Treatment System **
Private water supply well	50	100
Shallow public water supply well ***	200	400
Deep public water supply well ****	100	200
Groundwater heat pump borehole	50	100
Lake or reservoir	50	100
Stream (Class A1, A2, and A3) or pond	25	50
Edge of road ditch	10	10
Edge of drainage district ditch	25	50
Dwelling or other structure	10	20
Property lines (unless a mutual easement recorded)	10	10
Other type of subsurface treatment system	5	10
Water lines continually under pressure	10	10
Suction water lines	50	100
Foundation drains or subsurface tiles	10	10

Commented [MCJ4]: There was a request to decrease setbacks to geothermal wells, but we must be as stringent as DNR's regulations.

Commented [MCJ5]: Strike this line, add definition of stream used by DNR. This results in excluding intermittent streams

* Includes septic tanks, aerobic treatment units, fully contained media filters, holding tanks, and impervious vault toilets.

** Includes subsurface absorption systems (secondary and tertiary treatment), mound systems, intermittent sand filters, constructed wetlands, open bottom media filters.

*** Shallow well means a well located and constructed in such a manner that there is not a continuous layer of low-permeability soil or rock (or equivalent retarding mechanism acceptable to the department) at least 5 feet thick, the top of which is located at least 25 feet below the normal ground surface and above the aquifer from which water is to be drawn.

**** Deep well means a well located and constructed in such a manner that there is a continuous layer of low-permeability soil or rock at least 5 feet thick located at least 25 feet below the normal ground surface and above the aquifer from which water is to be drawn.

65.09 INDIVIDUAL SEPTIC SYSTEMS REQUIRED.

1. The sharing of a PSDS by two or more wastewater sources not owned by the same person or entity is prohibited with the following exceptions:

- a. Parcels within a residential subdivision.
- b. Shared private septic systems that are in existence on January 1, 2021, and are in proper working condition.

Commented [MCJ6]: COMMENTS FROM STAKEHOLDERS:
 -See Story County ordinance ch 86 table 86.5 bulk requirements. If you have a shared system, you may have a lot as small as 10,000 sq ft. Fox engineering does not want to see a conflict with P&D and EH. I added the subdivision exemption to allow for this.
 -TOT, if the shared system passes, no changes needed.
 -TOT, if the shared system fails, each house has to install an individual system.
 -Notify homeowners with shared systems before they have problems
 -There needs to be a mechanism for repairing a shared system w/o having to replace it with two new systems.
 -Allow for one repair before full replacement
 -Allow for regulatory authority discretion

2. Repairs (distribution box or septic tank replacements) are allowed on shared systems with approval from EH. For those shared systems not located in a subdivision, efforts shall be made to change them over to individual systems.
3. A failed system discovered as a result of a time of transfer inspection or a complaint shall result in requiring individual systems be installed for each parcel.

65.10 WHEN SEPTIC CONSTRUCTION PERMIT NEEDED:

1. New construction with wastewater generation.
2. An existing system not large enough to treat a proposed increase for wastewater loading and/or wastewater strength. Examples include, but are not limited to:
 - a. A new home business such as daycare, restaurant, beauty salon
 - b. An increase in the number of bedrooms that the existing septic system is undersized to treat
3. Replacement or enlargement of the secondary system.

65.11 DOCUMENTS NEEDED FOR OBTAINING A SEPTIC CONSTRUCTION PERMIT:

1. Environmental Health's application form with payment.
3. PPSD Evaluator/Designer's site evaluation and design diagram.
4. Maintenance contract if required.
5. Easement rights if required (easements shall be recorded with the Story County Recorder).

65.12 WHEN SEPTIC REPAIR PERMIT NEEDED:

1. Septic tank or pump chamber replacement.
2. Distribution box replacement.
3. New wastewater generation is being directed to an existing system.

65.13 DOCUMENTS NEEDED FOR SEPTIC REPAIR PERMIT:

1. Environmental Health's application form and fee payment.

65.14 APPLICATION FOR SEPTIC CONSTRUCTION OR SEPTIC REPAIR PERMIT.

Any person, firm, or corporation wishing to construct or reconstruct a PSDS in Story County shall submit an application for a construction permit to EH. Application shall be made on forms provided by EH. Information provided shall contain, at a minimum, name of property owner, name of applicant, parcel identification, type of facility and/or anticipated wastewater volumes, number of existing and proposed bedrooms, number of buildings that have wastewater generation, name of certified septic installer, name of PPSD Evaluator/Designer conducting the site evaluation (not required for repair permits), property owner's permission for EH to enter premises, and any additional information requested by EH.

65.15 NEW WASTEWATER GENERATION THAT IS TO BE DIRECTED TO AN EXISTING SEPTIC SYSTEM.

1. A wastewater stream from a new house may be directed to an existing system (remaining from a house that was demolished or burned down) only if all of the following are true:

- a. The existing system is a permitted system.
- b. The existing system is large enough (based on the current septic sizing requirements of IAC Chapter 69) to accommodate the total wastewater load, existing and new.
- c. The existing system has been inspected by an IDNR certified time of transfer inspector, and found to be in good condition.
- d. A repair permit has been obtained from EH.

2. A new wastewater stream from a second source (such as a workshop) may be directed to the existing septic system only if all of the following are true:

- a. The existing system is a permitted system.
- b. The existing system is large enough (based on the septic sizing requirements of IAC Chapter 69 when the system was originally installed) to accommodate the total wastewater load, existing and new.
- c. A repair permit has been obtained from EH.

65.16 FEES. An application for permit must be accompanied by an application fee, as set by the Board of Health. Fees shall be payable to the Story County Treasurer, and directed to EH.

65.17 SITE EVALUATION. Site evaluations are required prior to issuance of a construction permit, and shall be conducted by a PPSD Evaluator/Designer.

65.18 SITE EVALUATION REPORT CONTENT. The PPSD Evaluator/Designer's report shall include, at a minimum:

1. Descriptions of the soil cores to at least 60", or to the depth of the identified limiting layer.
2. Soil core locations, shown on a map or diagram.
3. Depth to limiting layer and type of limiting layer.
4. Soil loading rates and/or percolation rates. ~~Perc tests may be used as supporting data for loading rates. The perc tests must be done according to IAC Chapter 69 Appendix B, paying special attention to the location and depth of the holes, based on the limiting layer.~~
5. Recommended septic system type.
6. Options for system location.
7. Easements required for the construction, placement, or maintenance of the septic system not located on the septic applicant's property.
8. Diagram showing the location and setbacks of existing/proposed water wells, geothermal wells, horizontal geothermal loops, buildings, waterways, subsurface tiles, buried utilities, known locations of buried rubble, existing easements that may impact the construction of the septic system.
9. Detailed diagram of septic system design. Any changes to the design shall be in writing as an amendment to the PPSD Evaluator/Designer's report and diagram.
10. Pump, piping, hole spacing, hole size, dosing, and alarm system recommendations if pressurized system.

Commented [MCJ7]: I added this to allow for a shop to hook onto an existing house septic system w/o requiring upsizing to current code requirements

Commented [MCJ8]: Why keep going if you hit mottles? Agree.

Commented [MCJ9]: Strike the perc

65.219 REVIEW OF SITE EVALUATION.

EH must review the permit application and other exhibits to determine whether site evaluation procedures, observations, and conclusions are accurate and sufficient for the EH to issue a permit. An infield verification of the limiting layer at the proposed soil treatment and dispersal sites must be conducted EH. The PPSD Evaluator/Designer may request the presence of EH during the site evaluation. EH may request a follow-up meeting with the PPSD Evaluator/Designer to answer questions regarding the site evaluation.

65.20 ENGINEER’S DESIGN. EH may require a State of Iowa Licensed Professional Engineer’s design for system proposals for commercial, institutional, or public service facilities with special wastewater treatment needs or large wastewater volumes. Official design plans shall include the engineer’s name & signature, date, and license renewal date.

Commented [MCJ10]: Change to match the licensing process for engineers. Delete the requirement for engineer’s seal, as seal is not required by state. Agree.

65.21 SUBDIVISIONS. An assessment of a proposed subdivision ~~having more than four lots~~ shall be conducted by a PPSD Evaluator/Designer and EH prior to finalizing the subdivision layout, identifying suitable areas for onsite treatment. Soil based treatment is the preferred method of treatment and septic system placement shall be a key part of the planning phase for subdivisions. Establishing lot sizes, lot lines, green spaces, easements, and road placement for a subdivision shall consider the soils, slope, waterways and sensitive environmental areas, providing for soil based wastewater treatment as much as possible. Cluster systems (multiple houses using a shared system) are recommended for subdivisions in close proximity to a municipal sanitary sewer service area, or in situations where the subdivision lot sizes limit individual onsite systems. Cluster systems shall have a maintenance contract between the Home Owners Association and a maintenance contractor for the life of the system.

Commented [MCJ11]: I added this

65.22 SOIL PROTECTION. As per the findings of the individual lot site evaluation or the subdivision assessment, the proposed wastewater soil absorption area(s) shall be cordoned off to prevent soil compaction from construction traffic.

Commented [MCJ12]: Need to communicate to all the building contractors so that everyone keeps off the lateral area. Suggest having this explained in the PD zoning application process. Tough to enforce better communication. As a policy, EH will insert a soils protection comment into the zoning application review.

65.23 CONSTRUCTION PERMIT TO BE ISSUED BY EH. Upon receipt and EH approval of the application, payment, site evaluation report, easement documents (if required) and maintenance contract (if required), EH shall issue a permit using information obtained from the site evaluation report, soil survey, flood maps, permit application, and other pertinent information. EH may apply policy or variations of design, which have been approved or recommended by the BOH, the PPSD Evaluator/Designer, EPA, IDNR, or the University Extension Engineering Specialists in efforts to enhance wastewater treatment or increase the system’s longevity. The permit shall outline the basic construction design and minimum system size as defined in 567 IAC 69, along with any restrictive conditions or requirements. Mandatory system maintenance and monitoring requirements, easements, and other special conditions shall be stipulated on the permit.

65.24 DENIAL OF PERMIT. EH may deny issuing a permit if the application is incomplete or any factors for defining the wastewater treatment system are absent or shown to be inadequate.

65.25 VOIDING OF PERMIT. The PSDS construction plan, stipulated in the Story County BOH Permit, shall be followed. Any variation from that which is defined in the permit voids the construction permit.

65.26 PERMIT EXPIRATION. A permit for construction shall expire two calendar years from the date of issuance. EH may extend the expiration date as deemed necessary.

65.27 CERTIFIED INSTALLER. All septic installations, constructions, reconstructions, and repairs shall be conducted by contractors who qualify and are in good standing as a Certified Installer of On-site Wastewater Treatment Systems (CIOWTS).

65.28 HOLDING TANKS. The use of holding tanks shall be limited as much as possible. If EH issues a permit for a holding tank, a maintenance contract for proper monitoring and servicing shall be established between the owner and a Commercial Septic Tank Cleaner. A maintenance contract is required for the life of the installed holding tank. The homeowner is responsible for ensuring that the contract guarantees the removal of the tank contents before overflow or any discharge.

65.29 REQUEST FOR FINAL INSPECTION. The installer shall notify EH at least eight working hours, between 8:00 a.m. and 4:30 p.m. before the completed system is to be available for final inspection.

65.30 FINAL INSPECTION. All newly constructed or repaired private sewage disposal systems shall be inspected by EH. The installer shall leave enough of the system exposed so that a thorough inspection of the system may be conducted. A certified installer shall be available to discuss details of the installation. EH will inform the installer of any concerns with the system installation that need to be remedied. The purpose of the final inspection is to collect field data in order to document the system's description and location, to determine if the permit intent was accomplished, and to assess the workmanship. A final as-built drawing shall be made as part of the final inspection.

65.31 CERTIFICATE OF COMPLETION. Upon completion of the final inspection of the newly constructed or repaired private sewage disposal systems, EH shall issue a Certificate of Completion to the permittee or agent of the permittee if reasonable assurance is evident that the PSDS was built according to applicable requirements as specified in the construction permit. The certificate shall include, at a minimum, the parcel identification, permit number, date, name of certified installer, and name of EH inspector.

Commented [MCJ13]: Contractors frequently have to backfill as the laterals are installed due to the close proximity of the laterals. Removed the requirement to leave the secondary and tertiary systems totally uncovered.

Commented [MCJ14]: "EH will inform the installer of any concerns with the system installation, and how to remedy them." Legally not a good way to word this for liability purposes (means and methods; not a good approach).

Commented [MCJ15]: I decided to keep this with a few changes. Legal needs to double check this for liability.

65.32 INSPECTION NO RELIEF FROM RESPONSIBILITY. The purpose of the final inspection is to collect field data in order to document the system's description and location, to determine if the permit intent was accomplished, and to assess the workmanship. The field data collected during the inspection documents the conditions at the time of the inspection, but does not necessarily sanction a system as being in compliance with the requirements of 567 IAC 69. This ordinance shall not be construed to relieve from or lessen the responsibilities of any person, partnership, or corporation owning, operating, or installing septic systems, construction, or equipment, for the damage to property or persons injured by any defect therein. Nor shall Story County or any agent thereof be deemed to assume any such liability by reason of the inspection authorized herein or the certificate of installation issued by the EH. It is the responsibility of the certified installer to ensure that all PSDS installations are performed in accordance with the provisions of 567 IAC 69 and Story County Ordinance Chapter 65.

Commented [MCJ16]: Remove the things that were already stated in 65.30

65.33 MINIMUM LEVEL OF SEPTIC SYSTEM MAINTENANCE REQUIRED.

1. The individual sewage treatment system and all components must be maintained in compliance with this chapter and the PSDS manufacturer's requirements.
2. Septic tanks and pump chambers shall be pumped at least every five years, or more frequently, if required by the system's manufacturer.
3. Septage shall be disposed of in accordance with state, federal, and local requirements.
4. The owner of a property with a PSDS, or a person who is a licensed Commercial Septic Tank Cleaner as defined in Rule 567 IAC 68.2(455B) shall maintain the following records and submit them to EH:
 - a. Location (address) of the serviced tank.
 - b. Method of septage disposal.
 - c. Volume of septage disposed.
 - d. General condition of the system (good, fair, poor).
5. EH shall develop a tracking system for the information above.

65.34 SYSTEMS THAT REQUIRE MAINTENANCE CONTRACTS.

1. All owners of systems that require a maintenance contract as per 567 IAC 69, or Story County Ordinance Chapter 65 shall demonstrate to EH that the contract is current by submitting a copy of the contract to EH during the month of January of every year the system is in use, or having the maintenance contractor submit a list of current contracts during the month of January of every year the system is in use.

2. The property owner shall follow the manufacturer's requirements for maintenance.

3. Upon purchasing property that has a system that requires a maintenance contract, the new owner shall submit a copy of the maintenance contract to EH within 30 days of the time of transfer.

Commented [MCJ17]: #2 was added in the event that the maintenance contract requirements are relaxed in the upcoming legislative session.

Commented [MCJ18]: TOT folks need to prove they have a contract. Request DNR to change form to inform buyers of maintenance contract requirement.

65.35 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM GENERAL PERMIT #4.

1. Any PSDS that discharges treated wastewater to a subsurface drainage tile or could potentially reach designated waters of the state, must be monitored to ensure that it meets IDNR water quality standards. A Notice of Intent (NOI) form must be filed with the Wastewater Operation Section of the IDNR prior to the installation of the discharging onsite system. Once the form is received, the IDNR and EH determine if an NPDES general permit #4 shall be required, based on the discharge's potential impact on water quality. IDNR is responsible for issuing a General Permit #4 to the system owner. The system owner is responsible for meeting the requirements of the permit.
2. Upon purchasing property that has a system that requires a NPDES permit, the new owner shall submit a Notice of Intent to discharge to the IDNR within 30 days of the time of transfer.

Commented [MCJ19]: Minimize someone slipping through the cracks

65.36 EFFLUENT SAMPLING BY QUALIFIED SAMPLERS. The owner is responsible for having the private sewage disposal system sampled to ensure compliance with the NPDES permit. Only a "qualified sampler" shall conduct effluent sampling for compliance monitoring. "Qualified samplers" include the following:

1. EH personnel - fees for sampling conducted by EH shall be set by the Board of Health.
2. An Iowa-certified wastewater treatment operator.
3. An individual who has received training approved by IDNR.
4. IDNR certified Time of Transfer inspectors.
5. Maintenance contractors for discharging systems.
6. CIOWTS contractors

Commented [MCJ20]: Remove CIOWTS contractors from this list, as it is not included in the CIOWTS training.

65.37 EFFLUENT QUALITY LIMITS. Effluent samples shall be at or below the following:

Effluents Discharging To	E. coli cfu/100 mL	CBOD5 mg/L	TSS mg/L
Class "A1", "A3" waters	235	25	25
Class "A2" waters	2880	25	25
Ground surface	2880	25	25

65.38 SAMPLING LOCATION AND PROCEDURE.

1. Effluent samples must be collected from an approved sampling port (accessed from ground surface) or from the end of the discharge pipe (if accessible) following the final treatment component of the system. Sample results shall be sent to EH and IDNR.
2. If the system is not discharging at time of sampling, but appears to have been discharging, water must be added to the system through the building plumbing to create a discharge.
3. If there is no evidence of a discharge from the system within the previous six months, only a physical inspection of the discharge area for any signs of surfacing effluent is required, along with the submittal of a "No Discharge" form to EH and IDNR.

65.39 IOWA CERTIFIED LAB. Effluent samples must be analyzed by an Iowa certified lab. A list of certified laboratories is available from the State Hygienic Lab. Sample containers provided by the laboratory must be used for the sample. The sample must be collected from a free-falling effluent pipe or sampling port where the effluent is flowing. Samples shall not be taken from a pooled location. Sample submission shall follow the lab's instruction.

65.40 DUTY TO MITIGATE. If a sample does not meet the effluent limits, the owner must work with EH to investigate the potential causes of the problem, and a repeat sample must be taken within 30 days for the specific parameter that was out of compliance. If three consecutive samples do not meet the effluent limits, the owner must take corrective actions to bring the system into compliance.

65.41 VARIANCES. Variances to this ordinance may be granted by EH provided sufficient information is submitted to substantiate the need for and propriety of such action. Requests for variances and justification shall be in writing, filed with EH. Permits will list any approved variances.

65.42 SEVERABILITY CLAUSE. If any section, provision, or part of this ordinance shall be adjudged invalid or unconstitutional, such adjudication shall not affect the validity of the ordinance as a whole or any section, provision, or part thereof not adjudged invalid or unconstitutional.

65.43 EFFECTIVE DATE OF STORY COUNTY ORDINANCE CHAPTER 65. These regulations go into effect upon adoption by the Story County Board of Supervisors, ___ DATE___.

CHAPTER 57
TANNING FACILITIES (Revised 2/3/2020)

57.01 Purpose	57.13 Operation
57.02 Applicability	57.14 Training of Operators
57.03 Designated Agency	57.15 Use by Minors Prohibited
57.04 Definitions	57.16 Promotional Materials
57.05 Exemptions	57.17 Electronically Controlled Facility Requirements
57.06 Permit to Operate	57.18 Inspections, Violations, and Injunctions
57.07 Inspections and Fees	57.19 Enforcement
57.08 Construction and Operation of Tanning Facilities	57.20 Hearings
57.09 Federal Certification	57.21 Severability Clause
57.10 Tanning Device Timers	57.22 Ordinance Effective Upon Publication
57.11 Condition of Tanning Devices	57.23 Appendices 1, 2, 3 and 4
57.12 Protective Eyewear	

57.01 PURPOSE. This ordinance provides for regulation of tanning facilities and devices used for the purpose of tanning human skin through the application of ultraviolet radiation. All references to Code of Federal Regulations (CFR) in this ordinance are those in effect as of April 30, 2007. These rules stipulate minimum safety requirements relating to the operation of tanning devices; qualifications for tanning facility operators; and procedures for the inspection and enforcement. Tanning facilities, which comply with these rules, are not relieved from the requirements of any other federal and state regulations or local ordinances.

57.02 APPLICABILITY. The provisions contained herein apply to, but are not limited to public and private businesses, hotels, motels, apartments, condominiums, and health and country clubs located within Story County, Iowa.

57.03 DESIGNATED AGENCY. Pursuant to Chapter 137 of the *Code of Iowa*, the Story County Environmental Health Department (EH) is the designated agency to interpret, monitor, and enforce the rules contained in this ordinance.

57.04 DEFINITIONS. The following words, for the purpose of this ordinance, shall have the following meanings:

1. **Board of Health.** The Story County, Iowa, Board of Health (BOH)
2. **Cleansing.** To remove soil, dirt, oils or other residues from the surface of the tanning unit which may come into contact with the skin.
3. **Cleansing Agent.** A substance capable of producing the effect of “cleansing”. These agents shall not adversely affect the equipment or the health of the consumer and shall be acceptable to

the department or board of health.

4. **Consumer.** Any member of the public who is provided access to a tanning facility in exchange for a fee or other compensation, or any individual who, in exchange for a fee or other compensation, is afforded use of a tanning facility as a condition or benefit of membership or access.

5. **Department.** means the Iowa Department of Public Health (IDPH)

6. **Director.** Means the director of Iowa Department of Public Health or the Director's designee.

7. **Exposure Position.** Any position, distance, orientation, or location relative to the radiation surfaces of a tanning device at which the user is intended to be exposed to ultraviolet radiation from the product, as recommended by the manufacturer.

8. **Formal Training.** A course of instruction approved by the Department for operators of tanning facilities.

9. **Health Care Professional.** An individual, licensed by the State of Iowa, who has received formal medical training in the use of phototherapy.

10. **Inspection.** An official examination or observation including but not limited to tests, surveys, and monitoring to determine compliance with rules, orders, requirements, and conditions of these rules.

11. **Manufacturer's Recommendations.** Written guidelines established by a manufacturer and approved by the U.S. Food and Drug Administration for the installation and operation of the manufacturer's equipment.

12. **Operator.** An individual designated to control operation of the tanning facility and to instruct and assist the consumer in the proper operation of the tanning devices.

13. **Permit or Permit to Operate.** A document issued by the Iowa Department of Public Health which authorizes a person to operate a tanning facility in Iowa.

14. **Person.** Any individual, corporation, organization, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of Iowa, any other state or political subdivision or agency thereof, and any legal successor, representative, agent, or agency of the foregoing, but shall not include federal government agencies.

15. **Phototherapy Device.** A piece of equipment that emits ultraviolet radiation and is used by a health care professional in the treatment of disease.

16. **Tanning Device.** Any equipment that emits electromagnetic radiation with wavelengths in air between 200 and 400 nanometers and that is used for tanning of human skin, such as sunlamps, tanning booths, or tanning beds. The terms also include any accompanying equipment such as protective eyewear, timers, and handrails.

17. **Tanning Facility.** A place that provides access to tanning devices for compensation.

18. **Ultraviolet Radiation.** Electromagnetic radiation with wavelengths in air between 200 and 400 nanometers.

57.05 EXEMPTIONS. The BOH may, upon application or upon its own initiative, grant exemptions from the requirements of these rules as long as it will not result in undue hazard to public health and safety. The following categories of devices are exempt from the provisions of this chapter:

1. *Other purposes.* Devices intended for purposes other than the deliberate exposure of human skin to ultraviolet radiation which produce or emit ultraviolet radiation incidental to their proper operation.

2. *Personal use.* Tanning devices which are limited exclusively to personal use by an individual and this individual's immediate family. Multiple ownership of the device by persons for personal use only does not qualify it for the "personal use only" exemption

3. *Phototherapy devices.* Phototherapy devices used by a properly trained health care professional in the treatment of disease.

57.06 PERMIT TO OPERATE. No tanning facility shall be operated in Story County, Iowa, without having a current permit to operate issued by the Iowa Department of Public Health.

57.07 INSPECTIONS AND FEES. Inspections shall be conducted annually and upon receipt of a complaint. Inspections shall include the following areas: proper operation and maintenance of devices, review of required records and training documentation, operator understanding and competency, and the requirements of these rules.

The Story County BOH shall set the fees for tanning bed facility inspections, evaluations, operator testing, and other services necessary for carrying out the provisions of this ordinance. Fees shall be payable to the Story County Treasurer, and directed to EH.

1. The permit holder is responsible for the timely payment of inspection fees.
2. Inspection fees shall be due upon receipt of payment due.
3. Inspection fees not received within 30 days of the date of billing will be assessed a penalty for each month or fraction thereof that the bill is delinquent.
4. A penalty, as determined and set by the BOH, may be assessed for the following:
 - a. Failure to respond to a notice of violation within 30 days of the date of inspection.
 - b. Failure to correct violations cited during the inspection.

57.08 OPERATION OF TANNING FACILITIES. Unless otherwise ordered or approved by the department, each tanning facility shall be operated and maintained to meet the following minimum requirements:

1. A tanning facility shall provide and post the following warning signs and statements that describe the hazards associated with the use of tanning devices:

(a) A warning sign in a conspicuous location readily visible to persons entering the establishment. This warning sign shall use 0.5-inch (12.7-millimeter) letters for "DANGER, ULTRAVIOLET RADIATION" and 0.25-inch (6.4-millimeter) letters for all other lettering. The sign shall use red lettering against a white background, be at least 9.0 inches by 12.0 inches (22.9 centimeters × 30.5 centimeters) and have the following wording:

DANGER

ULTRAVIOLET RADIATION

- Overexposure can cause
 - Eye and skin injury
 - Allergic reaction
- Repeated exposure may cause
 - Premature aging of the skin
 - Skin cancer
- Failure to wear protective eyewear may result in

- Severe burns to eyes
 - Long-term injury to eyes
- Medication or cosmetics may increase your sensitivity

(b) A warning sign with the identical wording set forth in 57.08(1) a posted within one meter of the tanning device in a conspicuous location readily visible to a person preparing to use the device. This warning sign shall use 0.5-inch (12.7-millimeter) letters for “DANGER, ULTRAVIOLET RADIATION” and 0.25-inch (6.4-millimeter) letters for all other lettering. The sign shall use red lettering against a white background and be at least 6 inches by 9 inches (15.2 centimeters × 22.9 centimeters) in size.

(c) A tanning facility shall require each consumer to read the information in Appendices 1, 2, 3, and 4 prior to the consumer’s initial exposure and annually thereafter.

2. The operator shall then require the consumer to sign a statement that the information has been read and understood.

(a) The information in Appendices 1, 2, 3, and 4 shall be posted in each tanning room.

57.09 FEDERAL CERTIFICATION.

1. Only tanning devices manufactured and certified under the provisions of 21CFRPart1040.20, “Sunlamp products and ultraviolet lamps intended for use in sunlamp products,” shall be used in tanning facilities. Compliance shall be based on the standard in effect at the time of manufacture as shown on the device identification label required by 21 CFR Parts 1010.2 and 1010.3.

2. Labeling shall meet the following requirements, be visible on each unit and be permanently affixed. Labeling shall include:

(a) A warning statement with the words “DANGER-Ultraviolet radiation. Follow instructions. Avoid overexposure. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin and skin cancer. WEAR PROTECTIVE EYEWEAR; FAILURE TO MAY RESULT IN SEVERE BURNS OR LONGTERM INJURY TO THE EYES. Medications or cosmetics may increase your sensitivity to the ultraviolet radiation. Consult a physician before using a sunlamp if you are using medications or have a history of skin problems or believe yourself especially sensitive to sunlight. If you do not tan in the sun, you are unlikely to tan from the use of this product.”

(b) Recommended exposure position(s). Any exposure position may be expressed either in terms of a distance specified both in meters and in feet (or in inches) or through the use of markings or other means to indicate clearly the recommended exposure position.

(c) Directions for achieving the recommended exposure position(s) and a warning that the use of other positions may result in overexposure.

(d) A recommended exposure schedule including duration and spacing of sequential exposures and maximum exposure time(s) in minutes.

(e) A statement of the time it may take before the expected results appear.

(f) Designation of the ultraviolet lamp type to be used in the product.

57.10 TANNING DEVICE TIMERS.

1. Each tanning device shall have a timer which complies with the requirements of 21CFR Part 1040.20. The maximum timer interval shall not exceed the manufacturer’s maximum recommended exposure time by a factor greater than ± 10 percent of the indicated setting.

2. Each tanning device must have a method of remote timing located so that consumers may not control their own exposure time.
3. Tokens for token timers shall not be issued to any consumer in quantities greater than the device manufacturer's maximum recommended exposure time for the consumer.
4. Each tanning device shall incorporate a control on the product to enable the consumer to manually terminate the radiation emission from the product at any time without disconnecting the electrical source or removing the ultraviolet lamp.
 - (a) The operator shall ensure that the facility's interior temperature does not exceed 100 degrees F or 38 degrees C.

57.11 CONDITION OF TANNING DEVICES.

1. There shall be physical barriers to protect consumers from injury induced by falling against or breaking the lamps.
2. The tanning devices shall be maintained in good repair and comply with all state and local electrical code requirements.
3. Additional requirements for stand-up booths.
 - (a) There shall be physical barriers (e.g., handrails) or other means (floor markings) to indicate the proper exposure distance between ultraviolet lamps and the consumer's skin.
 - (b) The construction of the booth shall be such that it will withstand the stress of use and the impact of a falling person.
 - (c) Access to the booth shall be of rigid construction; doors shall open outwardly. Handrails and nonslip floors shall be provided.

57.12 PROTECTIVE EYEWEAR.

1. Eyewear shall not be reused by another consumer.
2. Protective eyewear shall meet the requirements of 21 CFR Part 1040.20(c) (4).
3. Protective eyewear shall not be altered in any manner that would change its use as intended by the manufacturer (e.g., removal of straps).
4. A tanning facility operator shall not allow a consumer to use a tanning device if that consumer does not use the protective eyewear required by this ordinance. To verify that a consumer has the proper eyewear, the operator must:
 - (a) Ask to see the eyewear before the consumer enters the tanning room; or
 - (b) Provide disposable eyewear in the tanning room at all times and post a sign stating that the disposable eyewear is available and that eyewear must be worn.
5. A tanning facility operator shall instruct the consumer in the proper utilization of the protective eyewear required by this ordinance.

57.13 OPERATION.

1. A trained operator must be present when a tanning device is operated. The operator must be within hearing distance to allow the consumer to easily summon help if necessary. If the operator is not in the immediate vicinity during use, the following conditions must be met:
 - (a) The consumer can summon help through use of an audible device such as an intercom or buzzer; and
 - (b) The operator or emergency personnel can reach the consumer within a reasonable amount of time after being summoned.
2. The facility permit to operate shall be displayed in an open public area of the tanning facility.

3. A record shall be kept by the facility operator of each consumer's total number of tanning visits and tanning times, exposure lengths in minutes, times and dates of the exposure, and any injuries or illness resulting from the use of a tanning device.
4. Any tanning injury not requiring a physician's care and any resulting changes in tanning sessions shall be noted in the consumer's file. A written report of any tanning injury requiring a physician's care shall be forwarded by the permit holder to the Iowa Department of Public Health within five working days of its occurrence or knowledge thereof. The report shall include:
 - (a) The name of the affected individual;
 - (b) The name and location of the tanning facility involved;
 - (c) The nature of the injury;
 - (d) The name and address of the health care provider treating the affected individual, if any; and
 - (f) Any other information considered relevant to the situation.
5. Defective or burned-out lamps or filters shall be replaced with a type intended for use in that device as specified on the product label on the tanning device or with lamps or filters that are "equivalent" under 21 CFR Part 1040, Section 1040.20, and policies applicable at the time of lamp manufacture.
6. The permit holder shall replace ultraviolet lamps and bulbs, which are not otherwise defective or damaged, at such frequency or after such duration of use as may be recommended by the manufacturer of such lamps or bulbs.
7. Contact surfaces of tanning devices shall be:
 - (a) Cleansed by the operator with a cleansing agent between each use;
 - (b) Covered by a non-reusable protective material during each use; or
 - (c) Cleansed by the consumer provided the following conditions are met:
 - (1) The operator instructs the consumer annually on how to properly cleanse the unit;
 - (2) The consumer annually signs a statement stating that the consumer agrees to cleanse the unit after each use;
 - (3) Signs are posted in each tanning room reminding the consumer to cleanse the tanning unit after each use and stating the proper way to cleanse the unit; and
 - (4) The operator cleanses the tanning unit at least once a day.
8. Any records or documentation required by this ordinance must be maintained in the tanning facility for a minimum of two years. Records maintained on computer systems shall be regularly copied, at least monthly, and updated on storage media other than the hard drive of the computer. An electronic record must be retrievable as a printed copy.
9. The operator shall limit the exposure of the consumer to the maximum exposure frequency and session duration recommended by the manufacturer.
10. When a tanning device is being used, no other person shall be allowed to remain in the tanning device area.
11. No person or facility shall advertise or promote tanning packages labeled as "unlimited" unless tanning frequency limits set by the manufacturer are included in advertisements.

57.14 TRAINING OF OPERATORS.

1. No individual shall begin functioning as an operator unless the individual has satisfactorily completed a training program. Training shall include but not be limited to:
 - (a) The requirements of this ordinance;
 - (b) Procedures for correct operation of the tanning facility and tanning devices;

- (c) The determination of skin type of consumers and appropriate determination of duration of exposure to tanning devices;
 - (d) Recognition of reaction or overexposure;
 - (e) Manufacturer's procedures for operation and maintenance of tanning devices;
2. Owners and/or managers must complete formal training approved by the department. All owners and managers trained must satisfactorily pass a certification examination approved by the department before operating a tanning facility or training employees.
 3. Owners and managers are responsible to train operators in the above topics and to provide review as necessary. Training programs shall be approved by the department and include final testing. Operators shall be questioned during inspections as to the level of their understanding and competency in operating the tanning device.
 4. Proof of training for both owner/managers and employees must be maintained in the tanning facility and available for inspection. The employee record shall be the original test which bears the signature of the employee, the date, and a statement signifying that all answers have been completed by the employee and without prior knowledge of the scoring key.
 - (a) A seventy percent score is required to pass the exam. The client may schedule another time to retake the test on an alternate day.
 - (b) Operators shall complete the required training and testing every five years.
 5. Operators shall be at least sixteen years of age.

57.15 USE BY MINORS PROHIBITED

1. A person under age eighteen may not use any type of tanning device as defined by section 57.04 of this ordinance available in any tanning facility within Story County, Iowa.
2. An operator shall ensure that no consumer younger than eighteen years old uses a tanning device at the tanning facility.

57.16 PROMOTIONAL MATERIALS.

A tanning facility shall not claim, or distribute promotional materials that claim, that using a tanning device is safe or free from risk or that the use of the device will result in medical or health benefits. The only claim that may be made is that the device is for cosmetic use only.

57.17 ELECTRONICALLY CONTROLLED FACILITY REQUIREMENTS.

Electronically controlled facilities are those facilities that rely on electronic means to monitor consumers.

1. Entry into the facility is allowed by card only. Two individuals may not enter under the same card. The card is specifically activated for tanning use if the facility offers other activities.
2. Police and all emergency services will have access to the facility through a key box located outside the entrance of the facility.
3. The tanning unit will not activate if the card is not programmed for tanning. The card will not activate if two individuals are in the tanning room.
4. The consumer must sign a tanning agreement that states the number of minutes per session, that the consumer agrees to wear protective eyewear, that the consumer will cleanse the unit after tanning, and that the consumer is aware of the emergency access in each room.
5. The card will be programmed for the number of minutes the consumer is allowed to tan. The card may be reprogrammed for an increase in minutes per session only after the consumer has reviewed and re-signed the Tanning Agreement. After 30 consecutive days without the

consumer's accessing the tanning facility, the card will be deactivated and the consumer must reapply to access the tanning unit.

6. The operator will demonstrate to each consumer how to properly cleanse the unit after tanning, including the top, bottom, and handles. A sign will be placed in each room explaining the cleansing process. The operator will cleanse the units at least once a day when they are in use.
7. Free disposable eyewear will be placed in each room along with a sign stating that the disposable eyewear is available and that eyewear must be worn.
8. An emergency call button or device will be placed in each tanning room conveniently located within reach of the tanning bed. This device will call the operator or emergency personnel.
9. During annual inspections, the inspector may ask any consumer about any of the above processes.

57.18 INSPECTIONS, VIOLATIONS, AND INJUNCTIONS.

1. The Designated Agency shall have access at all reasonable times to any tanning facility to inspect the facility to determine if this ordinance is being violated.
2. A person who operates or uses a tanning device or tanning facility in violation of this ordinance or of any rule adopted pursuant to this ordinance is guilty of a simple misdemeanor.
3. If the Designated Agency finds that a person has violated, or is violating or threatening to violate, this ordinance and that the violation creates an immediate threat to the health and safety of the public, the Designated Agency may petition the district court for a temporary restraining order to restrain the violation or threat of violation. If a person has violated, or is violating or threatening to violate, this ordinance, the Designated Agency may petition the district court for an injunction to prohibit the person from continuing the violation or threat of violation.
4. On application for injunctive relief and a finding that a person is violating or threatening to violate this ordinance, the district court shall grant any injunctive relief warranted by the facts.

57.19 ENFORCEMENT.

1. The Designated Agency shall take the following steps when enforcement of these rules is necessary:
 - (a) Cite each section of the Story County Ordinance or rules violated.
 - (b) Issue a Notice of Violation as per Story County Code of Ordinances, Chapter 72.

57.20 HEARINGS.

1. In the event any person is aggrieved by a Notice of Violation issued by the Designated Agency, the aggrieved person may administratively appeal in writing within thirty (30) days of the date of receipt or posting of such notice to the BOH. The appeal shall state the reasons for requesting such order to be rescinded or modified. The BOH shall review the appeal and may order compliance with said order or may with cause, modify or withdraw said order as per Story County Code of Ordinances, Chapter 72.

57.21 SEVERABILITY CLAUSE.

If any section, provision, or part of this Ordinance shall be held invalid, the invalidity of such section, paragraph, clause, or provision shall not affect any of the remaining provisions of this Ordinance.

57.22 ORDINANCE EFFECTIVE UPON PUBLICATION.

This Ordinance, being deemed urgent and necessary for the preservation of the public health, shall be in force and effect from and after its passage and publication as provided by law.

PASSED AND ADOPTED this _____.

57.23 APPENDICES 1, 2, 3 AND 4.

Appendix 1

POTENTIAL PHOTSENSITIZING AGENTS

1. Not all individuals who use or take these agents will experience a photosensitive reaction or the same degree of photosensitive reaction. An individual who experiences a reaction on one occasion will not necessarily experience it again or every time.
2. Names of agents should be considered only as examples. They do not represent all the names under which a product may be sold. A more complete list is available from the facility operator.
3. If you are using an agent in any of these classes, you should reduce UV exposure even if your particular medication is not listed.

Acne treatment (Retinoic acid, Retin-A) Psoralens (5-Methoxypsoralen, 8-Methoxypsoralen, 4,5,8-trimethyl-psoralen)

Antibacterials (deodorant bar soaps, antiseptics, cosmetics, halogenated carbanilides, halogenated phenols, halogenated salicylanilides, bithionol, chlorhexidine, hexachlorophene)

Antibiotics, anti-infectives (Tetracyclines)

Anticonvulsants (carbamazepine, trimethadione, promethazine)

Antidepressants (amitriptyline, Desipramine, Imipramine, Nortriptyline, Protriptyline),

Tranquilizers, antiemetics (Phenothiazines)

Antidiabetics (glucose-lowering agents) (sulfonylureas, oral antidiabetics, hypoglycemics)

Antihistamines (diphenhydramine, promethazine, triprolidine, chlorpheniramine)

Anti-inflammatory (Piroxicam), Non-steroidal anti-inflammatory drugs (Ibuprofen, Naproxen, Piroxicam) Antimicrobials (griseofulvin), Sulfonamides ("Sulfa drugs," antimicrobials, anti-infectives)

Atropine-like drugs (anticholinergics, antiparkinsonism drugs, antispasmodics, synthetic muscle relaxants)

Coal tar and derivatives (Denorex, Tegrin, petroleum products used for psoriasis and chronic eczema and in shampoos)

Contraceptives, oral and estrogens (birth control pills, estrogens, progesterones)

Dyes (used in cosmetic ingredients, acridine, anthracene, eosin (lipstick), erythrosine, fluorescein, methyl violet, methylene blue, rose bengal)

Perfumes and toilet articles (muskambrette, oil of bergamot, oil of cedar, oil of citron, oil of lavender, oil of lemon, oil of lime, oil of rosemary, oil of sandalwood)

Thiazide diuretics ("water pills")

Appendix 2

SUN-REACTIVE SKIN TYPES USED IN CLINICAL PRACTICE

SKIN TYPE	SKIN REACTIONS TO SOLAR RADIATION (a) EXAMPLES	EXAMPLES
I	Always burns easily and severely (painful burns). Tans little or none and peels.	People most often with fair skin, blue eyes, freckles. Unexposed skin is white.
II	Usually burns easily and severely (painful burns). Tans minimally or lightly, also peels.	People most often with fair skin: red or blonde hair: blue, hazel, or even brown eyes. Unexposed skin is white.
III	Burns moderately and tans about average.	Normal average Caucasoid. Unexposed skin is white.
IV	Burns minimally, tans easily, and above average with each exposure. Exhibits IPD (immediate pigment darkening).	People with white or light brown skin, dark skin, dark brown hair, dark eyes. Unexposed skin is brown.
V	Rarely burns, tans easily and substantially. Always exhibits IPD.	Unexposed skin is brown.
VI	Never burns and tans profusely; exhibits IPD reaction.	Unexposed skin is black.

Appendix 3

POTENTIAL NEGATIVE HEALTH EFFECTS RELATED TO ULTRAVIOLET EXPOSURE

1. Increased risk of skin cancer later in life.
2. Increased risk of skin thickening, age spots, irregular pigmentation, and premature aging.
3. Possibility of burning or rash, especially if using any of the potential photosensitizing drugs and agents. The consumer should consult a physician before using a tanning device if using medications, if there is a history of skin problems or if the consumer is especially sensitive to sunlight.
4. Increased risk of eye damage unless proper eyewear is worn. Iowa law requires the use of proper eyewear during tanning sessions.

Appendix 4

TANNING SYSTEMS

1. Low-pressure tanning systems use a higher percentage of UVB rays which penetrate only the upper layer of skin and can cause burning more easily than high-pressure tanning systems. Low pressure systems require more frequent sessions to maintain a tan. High-intensity tanning systems use more lamps and shorter tanning sessions than low-intensity tanning systems. These are still classified as low-pressure systems.
2. High-pressure tanning systems use a higher percentage of UVA rays which penetrate more deeply and can permanently damage the lower layers of skin and increase the incidences of skin cancers. High- pressure systems require fewer and less frequent sessions to maintain a tan.

3. The exposure schedule for each specific unit is shown on the labeling on the tanning unit. The operator shall limit the exposure of each consumer to the exposure schedule shown on the unit in which the consumer is tanning.

E-cigarettes linked to lung problems, first long-term study on vaping finds

Erika Edwards

1 day ago

The first study on the long-term health effects of electronic cigarettes finds that the devices are linked to an increased risk of chronic lung diseases, according to research published Monday in the [American Journal of Preventive Medicine](#).



© Ulf Wittrock/Getty Images

The findings are expected to confound theories that e-cigarettes are a safer alternative for long-time adult users of tobacco.

The study included 32,000 adults in the U.S. None had any signs of lung disease when the study began in 2013.

By 2016, investigators found people who used e-cigarettes were 30 percent more likely to have developed a chronic lung disease, including asthma, bronchitis and emphysema, than nonusers.

"E-cigarette use predicted the development of lung disease over a very short period of time. It only took three years," said the study's author, Stanton Glantz, of the Center for Tobacco Control Research and Education of the University of California, San Francisco.

While the study's focus was on people who vaped nicotine, it's possible some may have also vaped THC products, Glantz said.

Those who smoked regular, combustible cigarettes had a higher risk of developing chronic lung diseases than those who used only e-cigarettes. But the study also found many adult smokers who tried e-cigarettes ended up using both forms of tobacco.

"Most adults who use e-cigarettes continue to smoke," Glantz told NBC News. "And if they do that, they get the risks of the smoking plus the risk of the e-cigarette."

Combining regular and e-cigarettes more than tripled the risk for developing chronic lung diseases, the study found.

The research adds to a growing body of evidence that vaping can cause physical harm, whether it's [chemical burns](#) to lung tissue, [toxic metals](#) that leave lasting scars on lungs, [vitamin E oil](#) that clogs lungs or even [overheated batteries that explode](#).

The illnesses described in the new research are different from the recent spike in vaping-related illnesses, called EVALI, or e-cigarette or vaping associated lung injury. Last week, the Centers for Disease Control and Prevention reported 2,409 cases across all 50 states, plus Washington, D.C., Puerto Rico and the U.S. Virgin Islands.

Despite months of investigation, no single cause has been identified to explain all of those cases. Carrier oils, such as vitamin E acetate, heavy metals, flavorings and other toxins have all been implicated. The vast majority of cases have involved vaping marijuana's psychoactive ingredient, THC. And in many cases, counterfeit vapes were used.

One factor that's complicated the EVALI investigation is that many patients report using many different products. According to the CDC, EVALI patients have reported 152 THC vape brands.

A separate [study published Monday](#), also in the American Journal of Preventive Medicine, found that the trend of using a variety of products extends to teenagers who vape.

Researchers at the University of Nebraska Medical Center analyzed data from a 2017 survey, which included 14,560 teens. Twelve percent said they had vaped within the previous month. Three-quarters of those kids reported having vaped nicotine, marijuana or multiple substances. The rest said they'd only vaped flavors.

That [same survey](#) repeated this year found that the number of teenagers who vape had doubled from 2017.

"Continuous surveillance of youth behaviors and strategies and interventions to reduce youth e-cigarette use are needed," Mohammad Siahpush, a co-author of the research and an associate dean for research at the University of Nebraska Medical Center's College of Public Health, said in a [news release](#).

"The truth is that no form of tobacco is safe," he added.

The true cost of cannabis: Why don't its illnesses, deaths command media headlines?

In August, I started covering vaping lung injuries from high-potency THC. Next, I added the link between cannabis and mental illness, but it's lonely.

Jayne O'Donnell

USA TODAY

I've covered things that injure, sicken and kill kids and adults for more than 30 years. From auto safety to medical errors, I've competed to break stories on the latest deadly defect or health policy change, most recently on electronic cigarettes.

In late August, I added vaping-related lung illnesses to the beat. Last month, I added marijuana, psychosis and other mental illness.

It's a pretty solitary place to be.

We reporters covered the heck out of vaping lung illnesses starting in August. Once it became clear the culprit was THC and not nicotine, however, the news media seemed to lose interest, said former Food and Drug Administration chief Scott Gottlieb at a breakfast event I attended in early November.

Indeed, a search on the news archive Nexis shows that the number of stories mentioning "vaping" and "lung illness" went from 953 in September to 584 in the first 30 days of October, a nearly 40% drop.

The spike of mysterious vaping-related deaths could have been a moment for the media to warn the public about black-market marijuana oils. But that message clearly didn't get through all the noise on the topic. Here's proof: https://www.washingtonpost.com/health/marijuana-vaping-by-teens-surges-2019-government-survey-says/2019/12/17/913d87ba-20fb-11ea-a153-dce4b94e4249_story.html?utm_campaign=to_your_health&utm_medium=Email&utm_source=Newsletter&wpisrc=nl_tyh&wpmm=1 ...



Teen vaping of marijuana surges, spurring public health worries

'These new forms of delivery, whether you like them or not . . . they're here to stay,' expert says,

The deaths and injuries from lung illnesses are declining, but they've hardly abated and are clearly a sign of a much larger problem with excessive marijuana use among young people. Yet families from the D'Ambrosios in California to the Donats in Connecticut were caught unaware.

Families caught by the consequences

Ricky D'Ambrosio, 21, was in a medically induced coma for four of the 10 days he was hospitalized in late August after vaping THC he bought from a dispensary. He had a medical marijuana card.

D'Ambrosio's recovering well now, but my Connecticut high school friend Billy Donat's family wasn't so lucky.

On Dec. 29, Donat emailed me for the first time ever. It read:

"Sometimes we reach out to old friends at the worst of times, this is one of those times. On Christmas Day, my son of 22 years put an electric cord around his neck and hung himself one day after his release from Yale Psychiatric Hospital. On the table in the living room was a copy (of) USA Today dated 12/16/2019. I told my son that you had written an article about his condition linking pot to psychosis. SCHIZOPHRENIA. I had read the front page at the news stand. I wish I had turned to page 6 and finished the article."



If he had, he would have seen that the federal "mental health czar" and psychiatrist, Dr. Elinore McCance-Katz, lamenting how little attention the "settled science" on pot and psychosis gets and the huge increase in suicides among young people with marijuana in their systems in Colorado.

On Tuesday, the Centers for Disease Control and Prevention said 2,561 people have been hospitalized with vaping-related lung illness and 55 have died. That's one more death and over 50 more hospitalizations from two weeks earlier.

CDC says 80% of hospitalized patients who had complete information about their products reported vaping THC; 13% said they vaped just nicotine.

Most everyone I talk to — even some doctors — say nicotine vaping and Juul, especially, is what's clogging kids' lungs. If it is, it hasn't been identified by any of the many state or federal scientists who have reported on their findings. They have only been able to find vitamin E acetate from THC oil in patients' lungs.

There has been an outcry to ban flavored electronic cigarettes — or all of them, as in San Francisco — and Congress voted to raise the age for all e-cigarette tobacco products to 21 last month. The Trump administration announced plans Thursday to restrict most flavors of the one-time-use pods in e-cigarettes.

But what about when the industry isn't an easily identified and demonized monolith like Big Tobacco or ... Juul? What if the purported problem is something advocates have been trying to get mandated or legalized for years?

That sounds a lot like air bags to me — and the kind of resistance my former colleague Jim Healey and I faced in 1996 when we wrote that air bags had killed about two dozen kids and that regulators weren't telling the public. Our stories led to the warning labels and smart air bags now in every new car.

Press lets pot's bad news slip by

Former New York Times business reporter Alex Berenson says that the human cost of cannabis is too high — and that the press is too pro-pot. When his latest book, "Tell Your Children: The Truth about Marijuana, Mental Illness and Violence," came out early last year, Berenson knew marijuana proponents wouldn't like it. He just didn't think there would be what he calls a "media brownout." No major publications reviewed it.



Reporters from major U.S. newspaper companies never contacted him for stories, although those in eight other countries — including Japan, Italy and Australia — did. (USA TODAY [interviewed him for a March article.](#)) Public radio and a suburban New York school system canceled appearances.

Berenson, a registered independent who didn't have strong feelings about marijuana legalization until he researched his book, has become an unlikely favorite of the conservative media and think tanks. He blames what he says is "a genuine misunderstanding of the strength of the science supporting the cannabis-psychosis link," which is worsened by "the endless industry/advocacy yelling about 'Reefer Madness.' "

A decade in review: [The surprisingly good news about American family life — for kids](#)

"[Reefer Madness](#)" was a 1936 movie that used crazed marijuana users to show the purported risks of the drug.

"The cannabis lobby ... will personally attack anyone who tries to raise the issue," Berenson says.

His "not so secret weapon," however, is that "I no longer care what anyone says about me," he says. "I know what the facts are, and I'm going to repeat them until someone pays attention."

Last month, the National Institute on Drug Abuse reported new data showing [marijuana use by students from eighth to 12th grade was way up](#) — with 1 in 5 high school seniors vaping it in the past year.

The recent story I wrote with colleagues on marijuana's link to mental health ran on the front page and was one of the top stories on our website for days. More than 250 people with children or personal experience with mental illness linked to marijuana joined our [Facebook support group — I Survived It.](#)

I don't know about you, but that makes *me* pay attention.

[Jayne O'Donnell](#) covers health policy for USA TODAY.

Two Million Heart Disease Patients Have Smoked Pot, New Study Suggests

By Divya Ramaswamy

01/22/20 AT 3:40 AM

KEY POINTS

- > 2 million Americans with established heart diseases have found to be using marijuana
 - Cardiovascular diseases are associated with marijuana use
 - Physicians should provide clear guidance pertaining to the cardiovascular safety of smoking pot
-

With the rise in the number of people using marijuana and the number of states legalizing it for medicinal and recreational uses, experts have been raising questions about its safety. According to the national survey, more than 2 million Americans with established heart diseases have found to be using marijuana in different forms such as vaping and inhalation.

A new study reported cardiovascular considerations associated with marijuana use and emphasized future steps to provide clear guidance pertaining to its cardiovascular safety.

The key points summarized in the study include:

- About 90 million Americans have smoked pot at least once in their lifetime
 - More than 39 million individuals have used marijuana in the past year
 - About 2 million Americans with diagnosed heart diseases have smoked pot and many young adults and adolescents turning to marijuana might be at risk of CVDs in the near future
 - The potency of marijuana has steadily increased in the past 30 years. Higher potency might translate to the severity of the heart's muscles and vasculature.
 - Cannabinoids can interact with drugs that are used to treat cardiovascular conditions such as statins, calcium-channel blockers, warfarin, and beta-blockers.
 - Marijuana use can be a potential trigger of heart attacks
 - Smoking pot has been found to bring on chest pain in those with coronary heart diseases.
 - Marijuana can increase cellular stress and inflammation- the precipitating factors for heart attacks and coronary artery diseases.
-

The study authors urged physicians to screen their patients for marijuana use. Although further data is required, there are certain indications that marijuana use has been associated with coronary artery disease, arrhythmia, and cardiomyopathy.

“Therefore, asking patients about marijuana use may help in risk assessment. In addition, we know that marijuana use affects the metabolism of many common cardiac drugs. In order to make sure patients are getting therapeutic doses without untoward side effects, it is important for cardiologists to talk to their patients about marijuana use,” Newswise quoted the study's author Ersilia DeFilippis, MD, a second-year cardiology fellow at Columbia University Irving Medical Center and NewYork-Presbyterian.

Did Newborn Die From Mom's Marijuana Use?

Diagnosis of exclusion leads to answer of... probably

- by Kate Kneisel, Contributing Writer, MedPage Today December 23, 2019

An 11-day-old white female neonate is brought to hospital shortly after being found unresponsive at home. Clinicians pronounce her dead. She is said to have been found face-up and on her back – thus there is no suspicion that the baby died of suffocation due to unsafe sleep position or conditions.

The infant was born at 36.5 weeks to a 20-year-old and seemed healthy at the time of delivery. Hospital clinicians order a complete autopsy and full investigation. The mother is thought to have a history of marijuana use.

Macroscopic examination notes extensive hemorrhage of both adrenals, petechial hemorrhage of the entire liver (Figure 1), and focal hemorrhage of the thymus. The infant has no X-ray evidence of any bone fractures or other trauma.

Newborn screening of inborn errors of metabolism, and post-mortem neo-nate blood toxicology test results are both negative. The newborn drug screen of umbilical cord homogenate reveals 528 pg/g carboxy-THC (screen cutoff at 50 pg/g). Microscopic examination shows extensive necrosis and hemorrhage of the liver and adrenals, and focal hemorrhage of the thymus.

Case Follow-up

There is nothing unusual found on microscopic examination of the other major organs and no evidence of congenital disease or infection. The cause of death is extensive necrosis and hemorrhage of the liver and adrenals; the cause is considered to be marijuana toxicity, based on the mother's blood marijuana concentration and pattern of marijuana use prior to and during pregnancy (currently confidential due to legal circumstances).

Discussion

Clinicians reporting this [case](#) of fatal marijuana toxicity in a neonate write that the growing use of marijuana and the near impossibility of conducting prospective case control studies during pregnancy make retrospective case reports such as this one vital to help clinicians identify acute marijuana toxicity in newborn health or death.

They add that the last 5 years have seen increasing hospital use of the newborn drug screen of umbilical cord homogenate.

Marijuana is one of the most widely available and used drugs across the world; its use at least once over a lifetime is reported by up to 4% of the global adult population, and by 11% of adults in the U.S.

As well, marijuana and its derivatives are increasingly used for therapeutic purposes, and have been evaluated for conditions including pain, anorexia, side effects of chemotherapy, multiple sclerosis, and muscle spasms.

Recently, case authors note, the therapeutic and health effects of cannabis and cannabinoids as studied in more than 24,000 articles and 10,700 abstracts were [reviewed by a National Academies of Sciences, Engineering, and Medicine](#) committee. It graded the support for therapeutic effects as follows:

Conclusive evidence or substantial effect:

- Chronic pain
- Chemotherapy-induced nausea and vomiting
- Multiple sclerosis-related spasticity

Moderate evidence:

- Sleep disturbance

Limited evidence:

- Appetite and weight gain
- Post-traumatic stress disorder
- Anxiety
- Tourette syndrome

Insufficient evidence:

- Cancer
- Epilepsy
- Neurodegenerative disorders
- Irritable bowel syndrome

While marijuana use has been implicated as an indirect cause of death due to motor-vehicle accidents, falls or other personal injuries, or suicidal behavior, this may be the first reported death directly caused by acute marijuana toxicity, reporting clinicians suggest.

There is no increased risk of human death caused by acute marijuana toxicity even for high levels of marijuana use compared to non-users, case authors write, and inconclusive evidence of its chronic effect on mental health, lung cancer, cardiorespiratory diseases, or cognitive impairment.

Given the growing popularity of marijuana in the U.S., authors see an urgent need to better understand the potential repercussions of marijuana use on maternal and fetal health during pregnancy.

With estimated rates of marijuana use during pregnancy from 2% to 11% of gravaidae, current data are limited by self-reporting data collection, recall bias, and confounding risk factors. Research efforts are now focusing on identifying how marijuana may influence pregnancy outcomes.

Furthermore, only 6.7% of women with a positive umbilical cord homogenate for marijuana use actually reported using marijuana, according to a recent epidemiology study.

Many epidemiologic studies of [maternal marijuana use](#), adverse pregnancy outcomes, and neonatal morbidity return inconclusive results, in part due to difficulty in separating indirect maternal physical or mental effects on the fetus from direct toxicity of marijuana on the fetus or newborn neonate.

Thus, no explanations have been proposed regarding a mechanism of acute marijuana toxicity on fetal or neonatal death.

Authors note that the current social and cultural environment makes it almost impossible to conduct prospective case control studies on adverse effects of marijuana use on maternal and fetal health during pregnancy, and even animal experiments on this topic are difficult.

Data most relevant to human physiology is from a 1987 study on fetal disposition of marijuana during late pregnancy in the rhesus monkey. This research found that marijuana rapidly crosses the placenta and enters the fetus, where it is concentrated in the liver/bile, adrenals, and thymus, as compared to the placenta, plasma, spleen, testes, lungs, brain, and kidneys.

Diagnosis of exclusion

The cause of death in this case was a "diagnosis of exclusion." The neonate was unremarkable at delivery, and no congenital, metabolic, or infectious disease or trauma were identified. Positive findings include necrosis and hemorrhage of the liver and adrenals, as well as focal hemorrhage of the thymus.

Case authors write that maternal high-dose marijuana use in late pregnancy was evident based on the presence of marijuana in the umbilical cord. As well, the observed necrosis and hemorrhage of the liver and adrenals are consistent with animal data that show the concentration of marijuana in the liver/bile and adrenals after rapidly crossing the placenta, they write.

In contrast, the thymus consists of mostly lymphoid tissues, which may resist necrosis and only show hemorrhage even with high-dose marijuana distribution.

This case is unique in that other possible causes of death can be eliminated – since there was no confounding evidence of substances other than marijuana in the umbilical cord, or congenital, metabolic, or infectious disease.

Investigation of an in utero fetal demise could be confounded by potential maternal or placental factors, even with positive findings of marijuana in the umbilical cord, authors observe. In most autopsies of still-born fetuses, the internal organs are autolyzed, and it is difficult for pathologists to identify necrosis in the liver and adrenals.

Clinicians reporting this case conclude that forensic pathologists have professional obligation to report these cases in peer-reviewed publications, to inform the public for their "informed decisions" about marijuana use.

Environmental Health Department Report to the Board of Health February 4, 2020

Margaret Jaynes, Director



Well Activity FY 2020

- Well Pluggings - 7
- Cisterns - 0
- Well Rehabs - 3
- Water samples - 66

Grants to counties award: \$31,000
Remaining: \$21,000



Well permits issued:
8 water supply
8 geothermal
1 other



Well plugging by
IDOT fly-over





Septics for calendar year 2020

	Total	Q1	Q2	Q3	Q4
Septic Inspections	2	2	0	0	0
New Septic Permits Received	2	2	0	0	0
New Septic Permits Completed	1	1	0	0	0
Repair Septic Permits	0	0	0	0	0
	2019	2018	2017	2016	2015
Total New Septic	91	91	92	74	81



Complaints:

- Sewage backing up in Nevada apartment again
- Working with owner to remove trailer on November complaint
- Erosion on Skunk River at Ken Maril bridge near Southdale



CONCEPTUAL REVIEWS FOR:

- Ballard Golf & Country Club
- Izzak Walton League



TRAINING & MEETINGS

Margaret

IOWWA
DNR Field Office 5 annual meeting

Cathy

Civility in the Workplace training
DNR Field Office 5 annual meeting

Stephanie

Civility in the Workplace training

Matt

IOWWA
IOWWA
DNR Field Office 5 annual meeting



MISCELLANY

- IOWWA's CIOWTS test re-write
- Construction Evaluation Resolution (master matrix review for animal confinements) passed by BOS for 2020

Thank you!

