

## IDPH Legislative Update – February 17, 2016

This week's newsletter showcases snapshots from weeks 4 through 6 of the 2016 Legislative Session.

### In this issue:

- Public Health Flexibility Bill
- Bills on the Move
- IDPH Work Force Center Programs Presentation
- IDPH One-Pagers Distributed (attached)

### Public Health Flexibility Bill Update

**[SSB 3072](#)** A subcommittee of Senators Mary Jo Wilhelm, Mark Segebart and Rich Taylor met on Tuesday, February 9. The bill passed the subcommittee. The bill also passed the full Senate Human Resources Committee unanimously on Wednesday, February 10. The new bill number is **[SF 2159](#)**.

The companion house bill, **[HSB 591](#)**, passed its subcommittee on Thursday, February 11. The subcommittee members were Representatives Greg Forristall, Brian Best and Lisa Heddens. It passed out of the House Human Resources Committee on Monday, February 15.

Each bill may now be considered by *its* respective full chamber.

### Bills on the Move

#### Chronic and Infectious Diseases

**[SSB 1264](#) Terminal Illness Experimental Treatments.** A subcommittee of Senators Jeff Danielson, Rick Bertrand and Matt McCoy met on Tuesday, February 10. The bill passed out of subcommittee with amendments. The bill passed the full Senate State Government Committee on Monday, February 15 with amendments.

**[SSB 3066](#) Alzheimer's Awareness.** This bill passed the full Senate Human Resources Committee with amendments on Monday, February 8. The new bill number is **[SF 2146](#)**.

**[SSB 3112](#) Dementia Training.** A subcommittee of Senators Mary Jo Wilhelm, Mark Segebart and Pam Jochum met on Monday, February 15. The bill did not advance.

The companion bill, **[HSB 566](#)**, was discussed by a subcommittee of Representatives David Heaton, Dave Dawson and Tom Moore on Monday, February 15. The bill passed subcommittee and may now be considered by the full House Human Resources Committee.

**[SSB 3073](#) Meningococcal Immunization.** A subcommittee of Senators Rich Taylor, Chaz Allen and Mark Chelgren met on Thursday, February 4. IDPH provided information on meningococcal vaccination rates in Iowa. The bill passed subcommittee. This bill also passed the full Senate Human Resources Committee on Monday, February 8. The new bill number is **[SF 2136](#)**.

The house companion bill, [HSB 565](#), passed subcommittee on Thursday, February 11. The subcommittee was comprised of Representatives Rob Taylor, Tom Moore and Ruth Ann Gaines. The bill passed out of the full House Human Resources Committee on Monday, February 15.

#### Healthy Homes

[HSB 539 Carbon Monoxide Alarms](#). A subcommittee of Representatives Linda Miller, Lee Hein and Daniel Kelley met on Wednesday, February 10. The bill passed out of the subcommittee. The bill passed the full House State Government Committee on Thursday, February 11.

A subcommittee of Senators Jeff Danielson, Rick Bertrand and Wally Horn met on Wednesday, February 10 to discuss the companion bill, [SSB 3017](#). The bill passed in the subcommittee. IDPH provided information on carbon monoxide impact in Iowa. The bill then passed the full Senate State Government Committee on Monday, February 15 with amendments.

#### Medicaid Modernization

[SSB 3081 Managed Care Organization \(MCO\) Contract Termination](#). A subcommittee of Senators met on Monday, February 8. The bill passed out of subcommittee. The bill then passed the full Senate Human Resources Committee on Monday, February 8. The new bill number is [SF 2125](#). On Thursday, February 11, the bill passed the full Senate Chamber by a vote of 29 to 19. It was referred to the House Human Resources Committee.

[SSB 3113 Medical Assistance Council Membership](#). A subcommittee of Senators Amanda Ragan, Mary Jo Wilhelm and Mark Costello met on Wednesday, February 10. The bill passed out of subcommittee. The bill passed the full Senate Human Resources Committee on Monday, February 15.

[SF 2107 MCO Oversight](#). A subcommittee of Senators Ragan, Bolkcom, Johnson, Mathis and Segebart met on Thursday, February 4 and Thursday, February 11. The bill passed subcommittee. The bill then passed the full Senate Human Resources Committee with amendments.

#### Professional Licensure

[HSB 503 Prescription Authority for Psychologists](#). This bill passed the full House Human Resources Committee as amended on Tuesday, February 9.

[HSB 590 Board of Physician Assistants Resolution](#). A subcommittee of Representatives Linda Miller, Greg Forristall and Cindy Winckler met on Monday, February 15. The bill did not advance due to the emergency administrative rules that were filed by the Board of Physician Assistants to terminate the rules referenced by the proposed bill. When emergency rules are filed, they become effective immediately.

[HF 2094 Natural Hair Braiding Licensure Exemption](#). A subcommittee of Representatives Dawn Pettengill, Deborah Berry and Kevin Koester met on Wednesday, February 10. The bill passed out of subcommittee with possible amendments. The bill may now be taken up by the full House State Government Committee.

[HF 2105 Elimination of Board of Physician Assistants](#). A subcommittee of Representatives Linda Miller, Greg Forristall, and Cindy Winckler met on Monday, February 8. The subcommittee will take information provided by stakeholders into consideration before making a decision. The bill has not been placed on the agenda for the House Human Resources Committee as of this writing.

**[SSB 1212 Music Therapy Advisory Council](#)**. A subcommittee of Senators Jeff Danielson, Jason Schultz and Wally Horn met on Monday, February 15. The bill will not advance this year.

**[SSB 3003 Board of Pharmacy Prescription Drug Monitoring Program](#)**. This bill passed the full Senate Human Resources Committee on Wednesday, February 3. The new bill number is [SF 2102](#).

**[SSB 3004 Board of Pharmacy Controlled Substance Schedules](#)**. This bill passed the full Senate Human Resources Committee on Wednesday, February 3. The new bill number is [SF 2116](#).

**[SF 453 Board of Pharmacy Omnibus Bill](#)**. This bill passed the full House Human Resources Committee on Tuesday, February 9.

**[SSB 3108 Clinical Art Therapist Licensure](#)**. A subcommittee of Senators William Dotzler Jr., Mark Chelgren and Rich Taylor met on Tuesday, February 9. The subcommittee members wanted more information before making a decision. The bill will not advance this year.

**[SF 2013 African-style Hair Exemption](#)**. A subcommittee of Senators Jeff Danielson, Jake Chapman and Janet Petersen met on Wednesday, February 10. The bill passed out of subcommittee with amendments. The bill may now be considered by the full Senate State Government Committee.

#### **[Substance Use Prevention and Treatment](#)**

**[HF 2132 Narcan Overdose Response](#)**. A subcommittee of Representatives Jared Klein, Joel Fry, and Ako Abdul-Samad met on Thursday, February 11. The bill was placed on the agenda for the full House Public Safety Committee for Tuesday, February 16.

A subcommittee of Senators Joe Bolkcom, Amanda Ragan, and David Johnson also met on Thursday, February 11 to discuss the companion Senate bill, [SF 2008](#). The bill passed the Senate subcommittee with amendments. IDPH provided information on drug overdose impact. The bill then passed the full Senate Human Resources Committee on Monday, February 15.

**[SF 410 Drug Overdose Prevention](#)**. A subcommittee of Representatives Jarad Klein, Ako Abdul-Samad and Joel Fry met on February 3. The bill passed subcommittee with no amendments. The bill also passed the House Public Safety Committee on Thursday, February 4 with amendments.

#### **[Tobacco Use Prevention and Control](#)**

**[HF 2095 Smoke Free Air Act Casino Exemption](#)**. A subcommittee of Representatives Jake Highfill, Mary Mascher, and Guy Vander Linden met on Tuesday, February 9. The bill will not advance this year. IDPH provided information on secondhand smoke to the subcommittee.

#### **[Vital Records](#)**

**[HF 2140 Fetal Death Certificates](#)**. A subcommittee of Representatives Joel Fry, Sandy Salmon, and Beth Wessel-Kroeschell met on Tuesday, February 9. The subcommittee did not come to a decision and will take the information provided into consideration. The bill has not been placed on the agenda for the House Human Resources Committee as of this writing.

#### **[Other bills of interest](#)**

**[SSB 3109 Children's Mental Health and Well Being](#)**. A subcommittee of Senators Liz Mathis, Amanda Ragan and Mark Segebart met on Tuesday, February 10. The bill passed out of subcommittee without

amendments. This bill then passed the full Senate Human Resources Committee unanimously on Wednesday, February 10. The new bill number is [SF 2161](#).

**[SSB 3036 Oral Contraceptive Prescriptions](#)**. This bill passed the full Senate Human Resources Committee on Wednesday, February 10. The new bill number is [SF 2160](#).

**[SF 232 Underage Tanning](#)**. A subcommittee of Senators met on Tuesday, February 9. The bill passed subcommittee with an amendment to change the language from applying to those under 18 years of age to under 17 years of age. This bill will move instead of [HF 420](#).

**[SF 508 Firework Provisions](#)**. This bill passed the full Senate State Government Committee on Wednesday, February 3 with amendments. IDPH provided an informational sheet on firework injuries in Iowa. The new bill number is [SF 2113](#).

**[SF 2032 Disclosure of Mental Health Records for Patient Care Coordination](#)**. The bill passed the full Senate Human Resources Committee with amendments on Monday, February 9.

**[SF 2057 Cytomegalovirus \(CMV\) Universal Screening](#)**. A subcommittee of Senators Mary Jo Wilhelm, Chaz Allen and Mark Chelgren met on Wednesday, February 3. The Senators will take information received during the meeting under consideration before making a final decision. This bill has not been added to a Senate Human Resources Committee meeting as of this writing.

### **IDPH Work Force Center Programs Presentation**

On Thursday, February 11, Director of IDPH, Gerd Clabaugh and Bob Russell Bureau Chief of the Bureau of Oral and Health Delivery Systems, presented to the Health and Human Services Appropriations Joint Subcommittee on IDPH workforce recruitment and retention programs. They provided preliminary findings from an evaluation commissioned by the department and conducted by the University of Iowa's Center for Health Policy and Research of these programs. They also handed out a summary of department program descriptions and current appropriations (handout attached).

### **Other Information**

- To review any report filed with the General Assembly by executive branch agencies, including IDPH, please click [here](#).
- The [Iowa General Assembly](#) website is a great source of legislative information. Take a few minutes to check out the wealth of resources available.
- The [Legislative Update](#) is also posted on the IDPH website.
- To subscribe to the IDPH Legislative Update, please send a blank email to [join-IDPHLEGUPDATE@lists.ia.gov](mailto:join-IDPHLEGUPDATE@lists.ia.gov).

### **Deborah H. Thompson, MPA**

Policy Advisor & Legislative Liaison | Iowa Department of Public Health  
321 E. 12th St | Des Moines, IA 50319 | Mobile: 515-240-0530 | [deborah.thompson@idph.iowa.gov](mailto:deborah.thompson@idph.iowa.gov)

*Promoting and Protecting the Health of Iowans*



### Program Descriptions:

- **Medical Residency Training Program:** A program to provide state support to Iowa medical training facilities developing additional residency slots; starting new residency programs; and costs for residency programs above the national CMS established Graduate Medical Residency funding to increase physician capacity in Iowa.
  - Budget: \$2,000,000 state appropriations
- **Direct Care Workforce Training Program:** A program which provides support and funding to support an advisory board, training scholarship support, and support to local and state stakeholders regarding the development of direct care worker competencies in Iowa, and issues related to training of this emerging workforce in Iowa.
  - Budget: \$504,775 total state
- **Office of Shortage Designation:** Primary Care Office (PCO). J-1 Visa waiver & placement program, Health Professions Shortage/Medically Underserved Area Designations Officer, Administers all Safety Net Program Contracts
  - Budget: FY 2014 – PCO (federal) \$182,641; Iowa PCA Safety Net Collaborative (total state appropriations) \$1,203,556
- **National Health Service Corps:** Assigned as part of the Primary Care Office duties, Perform NHSC site application initial analysis, responsible for filing and tracking of Iowa NHSC qualified service sites
  - Budget: No current federal or state funding – considered part of the PCO federal appropriations
- **J-1 Conrad Visa Waiver Program:** Oversees federal guidelines, process applications, identification of health care professional shortage areas, and immigration law related to the J-1 Visa Waiver, H1-B visa, and National Interest Waivers for foreign health care professionals and health care facilities recruiting in Iowa.
  - Budget: No current federal or state dollars allocated for this activity
- **PRIMECARRE (State Loan Repayment Program):** State/federal matched health professional student loan repayment program
  - Budget: \$140,000 state allocation; \$140,000 federal allocation = \$280,000 total budget
- **U of Iowa Workforce/IDPH Dental Student Loan Repayment Program:** An IDPH subcontract via the U of Iowa Dental School's HRSA Workforce Grant for loan repayment dollars for U of Iowa dental students seeking placement in Iowa.
  - Budget: \$162,000 federal (*federal grant ends 2016*)
- **Delta Dental Loan Repayment Program (Fulfilling Iowa's Need for Dentists – FIND):** A state appropriated student loan repayment program targeted to and matched by Delta Dental of Iowa funding to recruit and place new graduating dentists in rural Iowa underserved communities.
  - Budget: \$100,000 state appropriation



- **National Recruitment and Retention Network (3RNet):** A national web-based health provider listing and recruitment network system for states and partners to list postings and receive applications from across the nation.
  - Budget: No budget or dollars are allocated for this program; a membership fee of \$4,500 per state is required
- **Volunteer Health Care Provider Program (VHCPP):** A state program that qualifies and provides state indemnification for health providers and/or their sponsoring organizations to serve in public health clinics, rural free clinics, and other non-profit free health services.
  - Budget: \$58,175 state appropriation
- **Mental Health Shortage Area Programs:** This category of programs include several recruitment and intern support projects targeting mental health including:
  - **U of I Mental Health Resident Program Contract** Budget: \$110,656 state appropriation
  - **Cherokee Mental Health Contracts** Budget: \$99,904 state appropriation
  - **Psychologist Intern Program Budget:** \$50,000 state appropriation
  - **Mental Health Professional Stipend Program** Budget: \$105,448 state appropriation
  - **U of I Mental Health Primary Care:** Budget \$156, 619 state appropriation
  - Budget: Transferred to ICSAC annually \$105,852 state appropriation
- **Behavior Analyst/Board Certified Assistant Program (BA/BC):** To provide for the establishment of a board certified behavior analyst and board certified assistant behavior analyst grants program to provide grants to Iowa resident and non-resident applicants who have been accepted for admission or are attending a board of regents university, community college, or an accredited private institution, are enrolled in a program to be eligible for board certification as a behavior analyst or assistant behavior analyst, and demonstrate financial need.
  - Budget \$250,000 state appropriation

February 9, 2016

For more information contact Deborah Thompson/Policy Advisor/IDPH/ [Deborah.Thompson@idph.iowa.gov](mailto:Deborah.Thompson@idph.iowa.gov) / 515-240-0530.



**Inpatient and Outpatient Hospital Discharges for Injuries due to Fireworks in Iowa, 2010-2014.**

Injuries due to Fireworks were identified by querying the Cause of Injury field for ICD-9-CM code value of E923.0; "Accident caused by fireworks." Inpatient and Outpatient discharge data does not include Iowa residents seen at hospitals outside Iowa, or at federally administered (VA) hospitals.

**Inpatient Hospitalizations:**

|                                     |             |
|-------------------------------------|-------------|
| Years                               | 2010-2014   |
| Count of Inpatient Hospitalizations | 22          |
| Average Emergency Room Charges      | \$2,049.38  |
| Average Total Charges               | \$28,578.05 |

**Emergency Department Visits that did not result in Inpatient Hospitalizations:**

| Year                                 | 2010       | 2011       | 2012       | 2013       | 2014       | 5 Year Annual Average |
|--------------------------------------|------------|------------|------------|------------|------------|-----------------------|
| Count of Emergency Department Visits | 35         | 63         | 64         | 35         | 69         | 53.2                  |
| Average Emergency Room Charges       | \$670.47   | \$648.45   | \$671.46   | \$727.10   | \$939.65   | \$742.77              |
| Average Total Charges                | \$1,250.89 | \$1,023.64 | \$1,356.71 | \$1,184.15 | \$2,086.19 | \$1,430.42            |

**Fireworks-Related Deaths (ICD-10 Code [W39](#))**

**1999-2014 Iowa Data**

| Year | Iowa      |            |
|------|-----------|------------|
|      | Residence | Occurrence |
| 2014 | 0         | 0          |
| 2013 | 0         | 0          |
| 2012 | 0         | 0          |
| 2011 | 0         | 0          |
| 2010 | 0         | 0          |
| 2009 | 0         | 0          |
| 2008 | 1         | 1          |

Iowa Department of Public Health  
Injuries and Deaths Related to Fireworks



|             |          |          |
|-------------|----------|----------|
| 2007        | 0        | 0        |
| 2006        | 0        | 0        |
| 2005        | 0        | 0        |
| 2004        | 0        | 0        |
| <b>2003</b> | <b>1</b> | <b>1</b> |
| 2002        | 0        | 0        |
| 2001        | 0        | 0        |
| 2000        | 0        | 0        |
| 1999        | 0        | 0        |

For more information please contact Deborah Thompson, Policy Advisor for IDPH:  
[Deborah.Thompson@idph.iowa.gov](mailto:Deborah.Thompson@idph.iowa.gov) and 515-240-0530



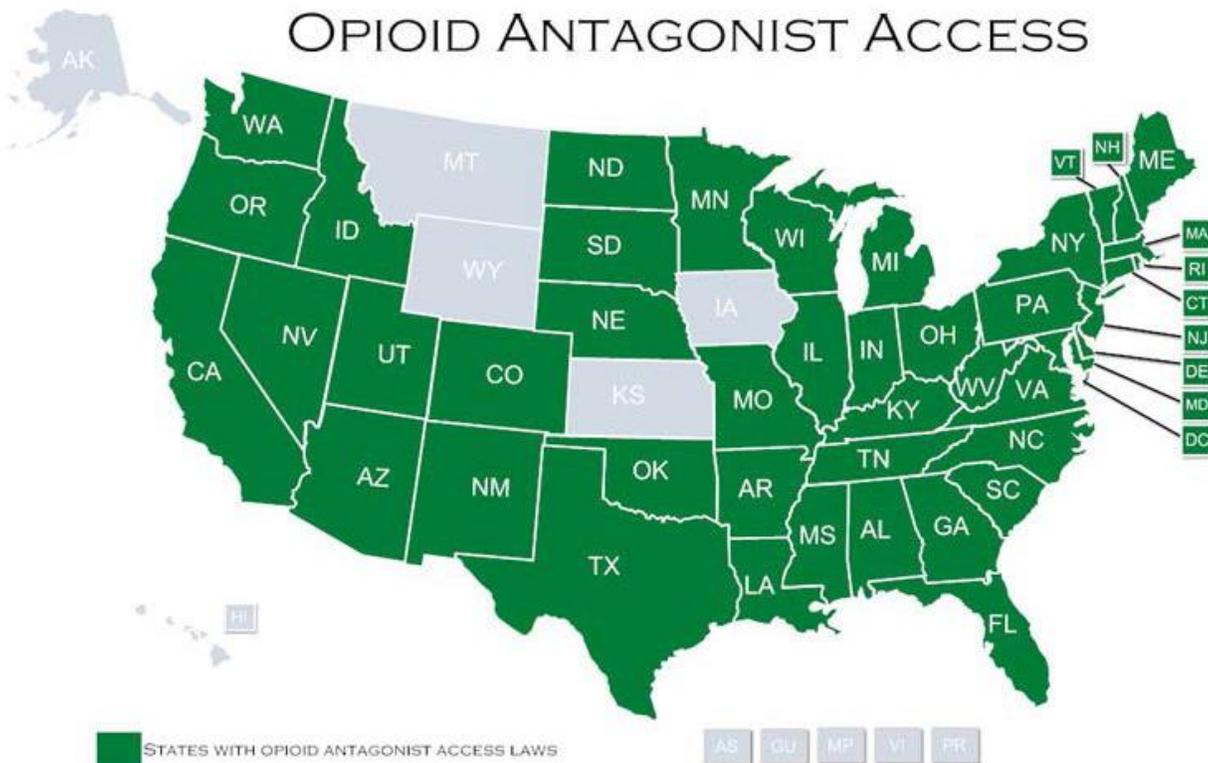
**Data/Statistics**

- According to the CDC, 44 people in the U.S. die from prescription painkiller overdose each day. Prescription opioid overdoses kill more people in the U.S. every year than all other drugs combined.
- Iowa ranks 45<sup>th</sup> for overdose mortality in the U.S. The number of Iowa drug overdose deaths – a majority of which are related to prescription medications – has more than quadrupled, increasing from 12 in 2005 to 52 in 2014. Between 2009 and 2014, 646 Iowans lost their lives to opioids.
- The Iowa Department of Public Health collects data on the number of doses of naran administered by Emergency Medical Services (EMS) personnel that already have permissible use under their scope of practice:

| <u>2010</u> | <u>2011</u> | <u>2012</u> | <u>2013</u> | <u>2014</u> |
|-------------|-------------|-------------|-------------|-------------|
| 161         | 193         | 192         | 137         | 231         |

**Other States**

Almost every U.S. state has enacted legislation addressing abuse of opioids, both prescription medications and heroin, by deterring drug distribution, increasing treatment and legal diversion options, and expanding immunity programs. 45 states have laws providing immunity to medical professionals who prescribe or dispense naloxone or to persons who administer naloxone ([National Conference of State Legislators](#)).





A regional example of opioid antagonist use:

The Madison, WI, Police Department implemented a training program for all 455 of their sworn officers on use of naloxone injectors to reverse the effects of heroin overdose. The first training session took place in July 2015. By November, officers had used the injectors 20 times, succeeding 19 times in reversing a fatal overdose.

### **Discussion of Trainings**

Staff from IDPH's Division of Behavioral Health reviewed several trainings available from other states and organizations and provided analysis of the themes for administration of Naloxone. Training should encompass the following and can take as little as 20 minutes.

- Explanation of how Overdose Occurs
- Identify Signs and Symptoms of an Overdose
- Identify how Naloxone Works
- Discuss Good Samaritan Protection
- Demonstrate Naloxone Administration

February 2, 2016

For more information please contact Deborah Thompson, Policy Advisor for IDPH: [Deborah.Thompson@idph.iowa.gov](mailto:Deborah.Thompson@idph.iowa.gov) and 515-240-0530



***Heroin and Opioid Use and Treatment in Iowa: An Update***

Thought to be an issue only in major U.S. cities or more populated states, use of heroin and other opioids (Hydrocodone, Oxycodone) is quickly becoming a problem of epidemic proportions in more rural areas of the country. While alcohol and marijuana remain the primary substances of abuse in Iowa, in the last decade significant increases have been observed in the number of Iowans identifying heroin and other opioids as their drug of choice at time of admission to treatment, and in the number of overdose deaths.

**Treatment Admissions:**

| Drug Classification | Number of admissions in 2005 | Number of admissions in 2014 |
|---------------------|------------------------------|------------------------------|
| Heroin:             | 186                          | 636                          |
| Other Opioids:      | 422                          | 1,363                        |

IDPH: Central Data Repository

**Overdose Deaths:**

| Drug Classification | Number of overdose deaths in 2005 | Number of overdose deaths in 2014 |
|---------------------|-----------------------------------|-----------------------------------|
| Heroin:             | 2                                 | 19                                |
| Other Opioids:      | 10                                | 33                                |

IDPH: Bureau of Health Statistics

***Why the increase?***

According to the CDC, in 2012, health care providers wrote 259 million prescriptions for opioid pain relievers – enough for every American adult to have a bottle of pills. Prescription opioid sales in the United States have increased by 300% since 1999, even though there has not been an overall change in the amount of pain Americans report. In a study by the International Narcotics Control Board, the United States accounts for nearly 100% of the Hydrocodone used globally and 81% of Oxycodone used.

As people use opioids repeatedly, their tolerance increases and they may not be able to maintain their original source for the medication. This can lead them to turn to other sources and even switch from prescription drugs to cheaper and more risky substitutes like heroin. While no cause and effect relationship has been proven, prescription use and its possible connection to substance abuse and overdose warrants continued monitoring.

***How is opioid dependency treated?***

Several options are available for effectively treating prescription and other opioid dependence. These options include a combination of behavioral counseling approaches and medications such as Naltrexone, Methadone, and Buprenorphine.

***What treatment options are supported in Iowa?***

For the past 20 years, the Iowa Department of Public Health (IDPH) has funded selected opioid treatment programs to provide medication assisted treatment to Iowans in the form of methadone maintenance. As approaches to medication assisted treatment continued to evolve, through its Access to Recovery (ATR) grant, IDPH began funding additional medications such as Naltrexone and Buprenorphine. In 2015, SAMHSA awarded IDPH a Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) grant to further support Iowa’s efforts in addressing opioid misuse.

***What still needs to be done?***

Almost every U.S. state has enacted legislation addressing abuse of opioids, both prescription medications and heroin, by deterring drug distribution, increasing treatment and legal diversion options, and expanding immunity programs to save lives. 45 states have laws providing immunity to medical professionals who prescribe or dispense naloxone or to persons, who administer naloxone ([National Conference of State Legislators](#)) as a means of preventing overdose death. At present, Iowa is considering revisions to its current law.

For more information about heroin and opioid dependency treatment options in Iowa, please visit the IDPH Medication Assisted Treatment webpage at <http://idph.iowa.gov/mat>.



Meningococcal conjugate vaccine (A, C, Y and W) is routinely recommended at 11-12 years of age and a booster dose of vaccine recommended at 16 years of age.

- Adolescents who receive the first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years.
- Adolescents who receive the first dose of vaccine after their 16<sup>th</sup> birthday do not need a booster dose unless they become at increased risk for meningococcal disease.

National Immunization Survey, Meningococcal Immunization Rates per 100,000 persons.

| Year | Iowa | U.S. |
|------|------|------|
| 2014 | 64.4 | 79.3 |
| 2013 | 63.6 | 77.8 |
| 2012 | 64.4 | 74   |
| 2011 | 60.5 | 70.5 |
| 2010 | 53.7 | 62.7 |

Meningococcal vaccine is routinely covered by insurance companies and the Iowa Department of Public Health's Vaccines for Children Program.

- <http://idph.iowa.gov/immtb/immunization/vfc>

Iowa does not have a meningococcal immunization requirement for children entering secondary school in Iowa. Currently, there are 26 states with a meningococcal immunization requirement. Seven of these states require a second dose, booster, of meningococcal vaccine (equivalent of a twelfth grade requirement).

February 3, 2016

For more information please contact Deborah Thompson, Policy Advisor for IDPH:  
[Deborah.Thompson@idph.iowa.gov](mailto:Deborah.Thompson@idph.iowa.gov) and 515-240-0530



Carbon monoxide (CO) is a toxic gas that is odorless and colorless. For this reason, its detection relies on CO alarms. Breathing high levels of this gas can cause loss of consciousness and death. Every year in the United States, more than 500 people die as a result of accidental exposure.

**CO poisoning can be caused by:**

- Poorly maintained or unvented heating equipment
- Warming up vehicles in enclosed spaces
- Using a gas stove or oven
- Blocked chimneys or heating exhaust vents

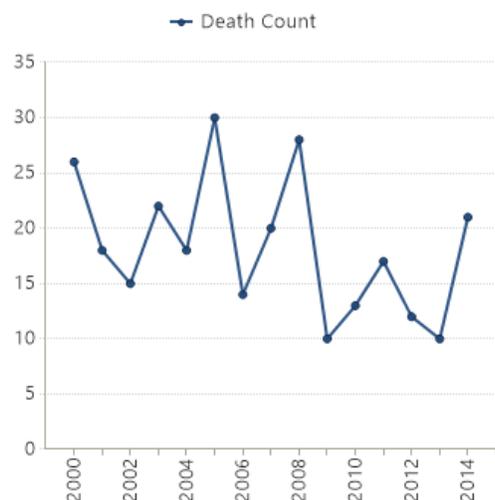
**Prevention measures:**

- Have gas, oil or coal burning appliances serviced annually.
- Install a battery-powered CO detector in the home near all sleeping areas, replacing the battery twice a year.
- Seek prompt medical attention if CO poisoning is suspected.
- Do not use a gasoline or charcoal burning device in an enclosed space.

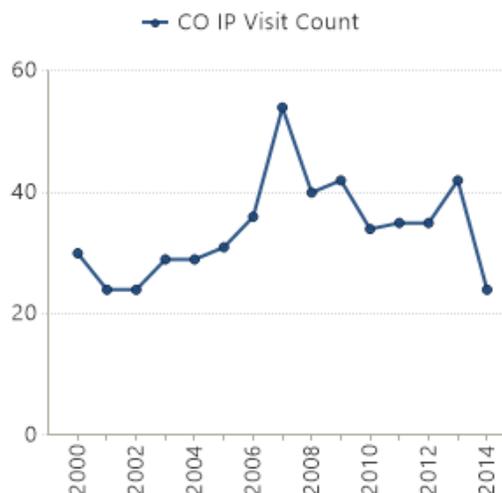
**Table 1: CO Poisoning Impact in Iowa 2010-2014.**

| Year | # of Deaths | # of Hospitalizations | # Emergency Department Visits |
|------|-------------|-----------------------|-------------------------------|
| 2010 | 13          | 34                    | 353                           |
| 2011 | 17          | 35                    | 266                           |
| 2012 | 12          | 35                    | 223                           |
| 2013 | 10          | 42                    | 308                           |
| 2014 | 21          | 24                    | 241                           |

# of Deaths



# of Hospitalizations



**For more information on CO poisoning:**

State: <http://pht.idphdomain.idph.state.ia.us/healtheffects/carbonmonoxide/Pages/default.aspx>

National: <http://www.cdc.gov/co/basics.htm>

February 9, 2016/Updated: 2.12.16

For more information please contact Deborah Thompson, Policy Advisor for IDPH: [Deborah.Thompson@idph.iowa.gov](mailto:Deborah.Thompson@idph.iowa.gov) and 515-240-0530



## Health Effects of Secondhand Smoke

Cigarette smoke has a number of known toxic and cancer-causing chemicals. The effects of cigarette smoke are not limited to smokers. Secondhand smoke can have similar health implications. Some examples include:

- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25–30 percent.
- Secondhand smoke exposure causes more than 8,000 deaths from stroke annually.
- Secondhand smoke results in an increased risk for Sudden Infant Death Syndrome (SIDS), which is the sudden unexplained death of an infant in the first year of life.
- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing lung cancer by 20–30 percent.

*\*Source: CDC and NIH Reports*

[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/health\\_effects/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/)  
<http://www.ncbi.nlm.nih.gov/books/NBK44324/>

## Secondhand Smoke Interventions

- Ventilation and air filtration systems have not been shown to protect workers or patrons from exposure to secondhand smoke. These systems can reduce odor, but do not reduce the health hazards. The U.S. Surgeon General determined that there is no “risk-free level of exposure to secondhand smoke.”
- Separating smokers from nonsmokers, installing smoking rooms or even sophisticated air cleaning technologies have not been demonstrated to eliminate the health hazards of secondhand smoke exposure nor remove all the poisons, toxins, gases and particles found in secondhand smoke.
- Heating, ventilation and air conditioning systems can distribute secondhand smoke throughout a building.
- Smokefree laws have not demonstrated an impact on total gambling revenues or on the average revenue per machine.

*\*Source: Surgeon General and NIH Reports*

<http://www.surgeongeneral.gov/library/reports/secondhandsmoke/fullreport.pdf>  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2563623/>



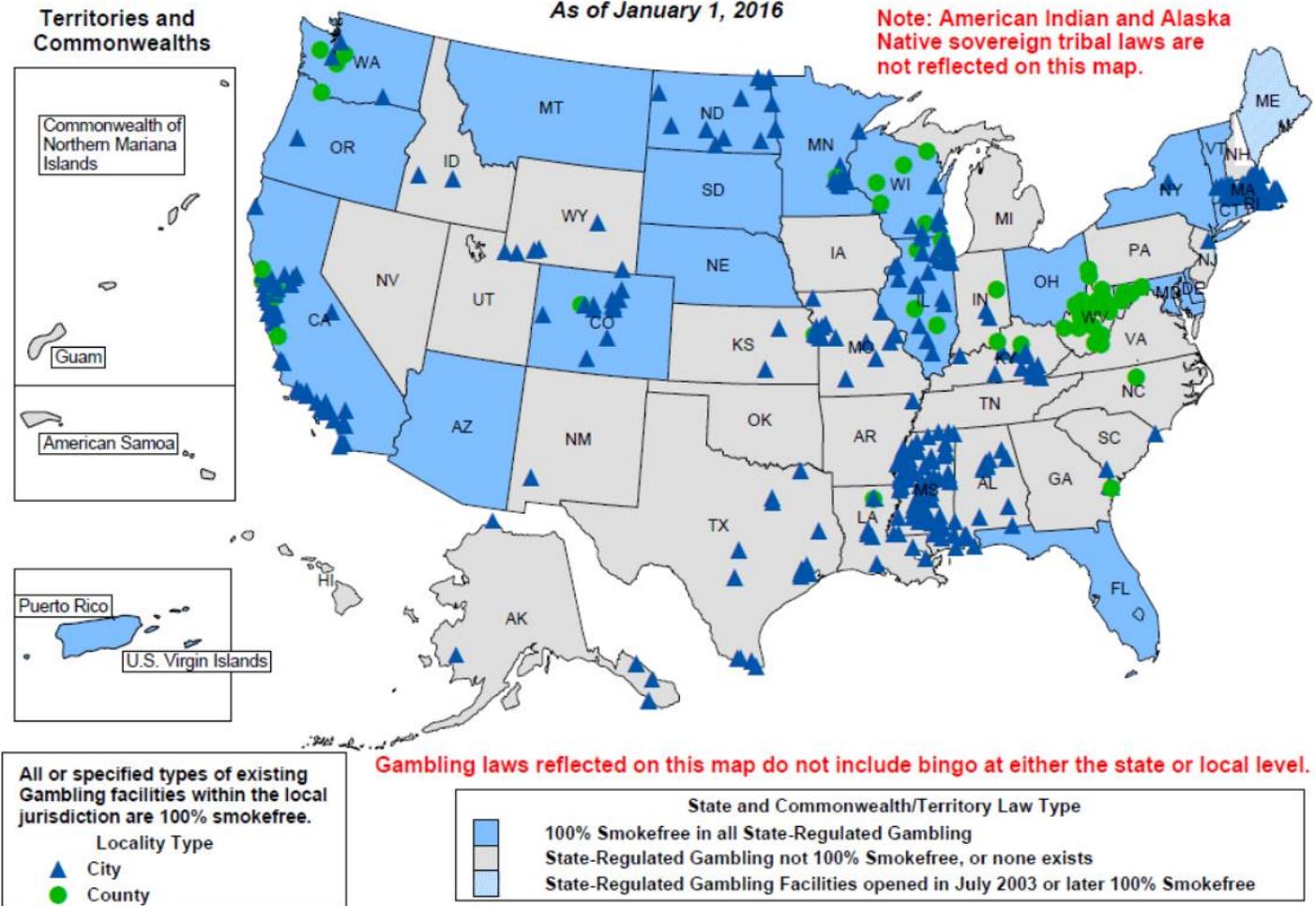
### Smokefree Air and Gambling Facilities

There are at least **511** state-regulated gambling facilities that are required to be 100 percent smokefree indoors. Of the casinos and other facilities listed, most are required to be smokefree by state law, while some are smokefree by their own corporate policy (marked with an asterisk in the full report).

To view the full report: <http://www.no-smoke.org/pdf/smokefreecasinosandgambling.pdf>

**U.S. 100% Smokefree Gambling**  
 American Nonsmokers' Rights Foundation  
 As of January 1, 2016

Note: American Indian and Alaska Native sovereign tribal laws are not reflected on this map.



For more information please contact Deborah Thompson, Policy Advisor for IDPH: [Deborah.Thompson@idph.iowa.gov](mailto:Deborah.Thompson@idph.iowa.gov) and 515-240-0530