ARC 9561C

PUBLIC HEALTH DEPARTMENT[641]

Adopted and Filed

Rulemaking related to local boards of health

The Department of Health and Human Services hereby rescinds Chapter 77, "Local Boards of Health," Iowa Administrative Code, and adopts a new Chapter 77 with the same title.

Legal Authority for Rulemaking

This rulemaking is adopted under the authority provided in Executive Order 10.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapter 137.

Purpose and Summary

This chapter describes the roles and responsibilities, organization, and procedures of local public boards of health, which contract with the Department to provide public health services at the local level.

This chapter underwent a Red Tape Review pursuant to Executive Order 10. As a result, the Department removed restrictive terms and redundant information.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on July 23, 2025, as **ARC 9422C**. Public hearings were held on the following date:

- August 12, 2025

While there were members of the public at the public hearings, no one provided comment. No changes from the Notice have been made.

Adoption of Rulemaking

This rulemaking was adopted by the Department on August 27, 2025.

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

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

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 441—Chapter 6.

Review by Administrative Rules Review Committee

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

Effective Date

This rulemaking will become effective on November 1, 2025.

The following rulemaking action is adopted:

ITEM 1. Rescind 641—Chapter 77 and adopt the following **new** chapter in lieu thereof:

CHAPTER 77
LOCAL BOARDS OF HEALTH

641—77.1(137) Definitions. For the purpose of these rules, the following definitions apply:

"Core public health functions" means the functions of assessment, policy development, and assurance.

1. Assessment: regular collection, analysis, interpretation, and communication of information about health conditions, risks, and assets in a community.

2. Policy development: development, implementation, and evaluation of plans and policies, for public health in general and priority health needs in particular, in a manner that incorporates scientific information and community values and in accordance with state public health policy.

3. Assurance: ensuring by encouragement, regulation, or direct action that programs and interventions that maintain and improve health are carried out.

"District" means the same as defined in Iowa Code section 137.102.

"District board" means the same as defined in Iowa Code section 137.102.

"District health department" means the same as defined in Iowa Code section 137.102.

"Environmental health services" means services focused on the environment to support population-based health services.

"Essential public health services" means those activities carried out by public health that fulfill the core functions.

"Local board of health" means the same as defined in Iowa Code section 137.102.

"Personal health services" means services focused on the care of individuals.

"Population-based health services" means services focused on the health status of population groups and their environments.

641—77.2(137) Local boards of health—roles and responsibilities. Public health is responsible for safeguarding the community's health. This goal is pursued through three core functions: assessment, policy development and assurance.

77.2(1) Assessment: regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs, personal health services, and epidemiologic and other studies of health problems. A local board of health may perform the following essential public health services:

a. Monitor health status to identify community health problems;

b. Diagnose and investigate health problems and health hazards in the community; and

c. Evaluate effectiveness, accessibility, and quality of personal, population-based, and environmental health services.

77.2(2) Policy development: exercise responsibility to serve the public interest in the development of comprehensive public health policies. This core function can be accomplished by promoting use of a scientific knowledge base in decision making about public health and by taking the lead in public health policy development.

a. A local board of health may perform the following essential public health services:

(1) Develop policies and plans that support individual and community health efforts; and

(2) Research new insights and innovative solutions to health problems and health threats.

b. A local board of health shall perform the following essential public health services:

(1) Enforce laws and regulations that protect public health and enforce lawful orders of the department;

(2) Make and enforce reasonable rules and regulations not inconsistent with the law or the rules of the department as may be necessary for the protection and improvement of public health; and

(3) Employ persons as necessary for the efficient discharge of the board's duties. Employment practices shall meet the requirements of Iowa Code chapter 8A, subchapter IV, or any civil service provision adopted under Iowa Code chapter 400.

77.2(3) Assurance: assure constituents that services necessary to achieve agreed-upon goals are provided either by encouraging action by other entities (private or public sector), by requiring such action through regulation, or by providing services directly. Each local board of health must involve key policymakers and the general public in determining a set of high-priority personal and population-based health services. A local board of health may perform the following essential public health services:

a. Link people to needed personal health services; provide such personal, population-based and environmental health services as deemed necessary for the promotion and protection of the health of the public; and charge reasonable fees for personal health services;

b. Ensure the competence of the public health, environmental health, and personal health care workforce;

c. Inform, educate, and empower people about health issues;

d. Mobilize community partnerships to identify and solve health problems;

e. Issue licenses and permits and charge reasonable fees in relation to the construction or operation of nonpublic water supplies or private sewage disposal systems;

f. Engage in joint operations by:

(1) Contracting with colleges and universities; the department; other public, private, and nonprofit agencies; and individuals; or

(2) Forming a district health department to provide personal and population-based health services; and

g. Enforce, by written agreement with the council of any city within its jurisdiction, appropriate ordinances of the city relating to public health.

641—77.3(137) Organization of local boards of health.

77.3(1) *Qualifications.* Members of a local board of health should have experience or education related to the core public health functions, essential public health services, public health, environmental health services, personal health services, population-based services, or community-based initiatives.

77.3(2) *Officers of local boards of health.* Each local board of health shall, at its first meeting during any calendar year, elect one of its members to serve as chairperson until the first meeting of the following calendar year.

a. The local board of health may elect a vice-chairperson, secretary, or other such officers as it may deem advisable.

b. In case of a vacancy of the office of chairperson, a successor, who shall serve the remainder of the term, shall be elected at the next meeting of the board.

77.3(3) *Meetings of local boards of health.* The place, date and time of regular meetings of the local board of health shall be determined by vote of the board, and such meetings shall comply with the provisions of the open meetings law in Iowa Code chapter 21.

a. Each local board of health shall meet at least six times per year.

b. Special meetings of a local board of health may be called, as needed, by the chairperson or by any three board members. The local board of health shall provide at least 24 hours' notice of special meetings, except in case of emergency.

c. A majority of the members of a local board of health shall be considered a quorum, and an affirmative vote of the majority of the members present is necessary for action taken by a local board of health. The majority shall not include any member who has a conflict of interest, and a statement by the member that a conflict of interest exists shall be conclusive for this purpose.

641—77.4(137) Expenses of local board of health members.

77.4(1) The following may be considered necessary expenses of local board of health members:

a. Travel in private car on local board of health business at the same rate as provided for a public officer or employee in Iowa Code section 70A.9.

b. Lodging and meal expenses, including sales tax on lodging and meals.

c. Expense of public transportation when traveling on local board of health business.

d. Miscellaneous expenses related to performance of duties as approved by the local board of health.

e. Training and education expenses.

77.4(2) This rule shall not be construed as requiring the payment of reimbursement to any person or as prohibiting local boards of health from imposing additional restrictions or administrative requirements on expenses of their members.

641—77.5(137) Dissolution of city boards. A city board of health may voluntarily dissolve by submitting notice to the department. The notice shall set an effective date for the action.

641—77.6(137) Request to form district board of health. The county boards of health of any two or more geographically contiguous counties may at any time submit to the department a written request to form a district board of health in accordance with Iowa Code section 137.106.

641—77.7(137) Review, approval or denial of district board of health formation.

77.7(1) Upon receipt of the application form and all information contained in rule 641—77.6(137), the department will review such information and shall determine, within 30 days, whether the required elements have been presented by the proposed district and will provide notice of approval of district board of health formation, including effective dates, to the county board of health of each county in the district and to the board of supervisors of each county in the district.

77.7(2) Upon receipt of the notice of approval of district board of health formation, each appointing authority shall, prior to the effective date of district board of health formation, appoint district board of health members as specified in Iowa Code section 137.105.

77.7(3) The department has the authority to deny formation of a district board of health if the application fails to conform with Iowa Code chapter 137 or this chapter.

77.7(4) The department will notify, in writing, all local boards of health in the proposed district of the reason and rationale for the denial of the district board of health formation within 30 days of the decision.

77.7(5) The local boards of health in the proposed district have the right to request reconsideration of the decision by submitting the request to the department within 30 days of receiving notice of the decision.

77.7(6) The department will reconsider the request by the local boards of health. The reconsideration shall not constitute a contested case hearing. The department's final decision following reconsideration shall constitute final agency action pursuant to Iowa Code section 17A.19, and judicial review of any such decision shall be treated as other agency action.

641—77.8(137) Adding to a district board of health. A county may be added to an existing district board of health by submission and approval of a request as specified in Iowa Code sections 137.106 and 137.107.

641—77.9(137) Withdrawal from a district board of health. A county may voluntarily withdraw from a district board of health by submitting a request for withdrawal to the department for approval. The request shall include a timeline and plan to reestablish a county board of health or to join a different district board of health to provide the core public health functions and essential public health services to the county's geographic area.

77.9(1) If the department approves the request for withdrawal of the applicant county from the district board of health, an effective date will be set for the action and the department will notify the district board of health and the board of supervisors of the applicant county.

77.9(2) The ownership of property and equipment shall follow the guidelines submitted in the original request to form the district board of health.

77.9(3) The remaining counties in the district shall submit an application including the information specified in rule 641—77.6(137) to the department for review as provided in Iowa Code section 137.107.

These rules are intended to implement Iowa Code chapter 137.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 9/17/25.