

CHAPTER 135A

PUBLIC HEALTH MODERNIZATION ACT

[P]

Legislative findings and intent; purpose;
2009 Acts, ch 182, §114, 126

Implementation of chapter subject to funding, see §135A.11

135A.1	Short title.	135A.7	Governmental public health system and accreditation data collection system.
135A.2	Definitions.	135A.8	Governmental public health system fund.
135A.3	Governmental public health system modernization — lead agency.	135A.9	Rules.
135A.4	Governmental public health advisory council.	135A.10	Prohibited acts — fraudulently claiming accreditation — civil penalty.
135A.5	Governmental public health evaluation committee.	135A.11	Implementation.
135A.6	Governmental public health system.		

135A.1 Short title.

This chapter shall be known and may be cited as the “*Iowa Public Health Modernization Act*”.

2009 Acts, ch 182, §115, 126

135A.2 Definitions.

As used in this chapter, unless the context otherwise requires, the following definitions apply:

1. “*Academic institution*” means an institution of higher education in the state which grants undergraduate and postgraduate degrees and is accredited by a nationally recognized accrediting agency as determined by the United States secretary of education. For purposes of this definition, “*accredited*” means a certification of the quality of an institution of higher education.

2. “*Accrediting entity*” means a legal, independent, nonprofit or governmental entity or entities approved by the state board of health for the purpose of accrediting designated local public health agencies and the department pursuant to the voluntary accreditation program developed under this chapter.

3. “*Administration*” means the operational procedures, personnel and fiscal management systems, and facility requirements that must be in place for the delivery and assurance of public health services.

4. “*Committee*” means the governmental public health evaluation committee as established in this chapter.

5. “*Communication and information technology*” means the processes, procedures, and equipment needed to provide public information and transmit and receive information among public health entities and community partners; and applies to the procedures, physical hardware, and software required to transmit, receive, and process electronic information.

6. “*Council*” means the governmental public health advisory council as established in this chapter.

7. “*Department*” means the department of public health.

8. “*Designated local public health agency*” means an entity that is either governed by or contractually responsible to a local board of health and designated by the local board to comply with the Iowa public health standards for a jurisdiction.

9. “*Governance*” means the functions and responsibilities of the local boards of health and the state board of health to oversee governmental public health matters.

10. “*Governmental public health system*” means the system described in section 135A.6.

11. “*Iowa public health standards*” means the governmental public health standards adopted by rule by the state board of health.

12. “*Local board of health*” means a county or district board of health.

13. “*Organizational capacity*” means the governmental public health infrastructure that must be in place in order to deliver public health services.

14. “*Public health region*” means, at a minimum, one of six geographical areas approved by the state board of health for the purposes of coordination, resource sharing, and planning and to improve delivery of public health services.

15. “*Public health services*” means the basic public health services that all Iowans should reasonably expect to be provided by designated local public health agencies and the department.

16. “*Voluntary accreditation*” means verification of a designated local public health agency or the department that demonstrates compliance with the Iowa public health standards by an accrediting entity.

17. “*Workforce*” means the necessary qualified and competent staff required to deliver public health services.

2009 Acts, ch 182, §116, 126

135A.3 Governmental public health system modernization — lead agency.

1. The department is designated as the lead agency in this state to administer this chapter.

2. The department, in collaboration with the governmental public health advisory council and the governmental public health evaluation committee, shall coordinate implementation of this chapter including but not limited to the voluntary accreditation of designated local public health agencies and the department in accordance with the Iowa public health standards. Such implementation shall include evaluation of and quality improvement measures for the governmental public health system.

2009 Acts, ch 182, §117, 126

135A.4 Governmental public health advisory council.

1. A governmental public health advisory council is established to advise the department and make policy recommendations to the director of the department concerning administration, implementation, and coordination of this chapter and to make recommendations to the department regarding the governmental public health system. The council shall meet at least quarterly. The council shall consist of no fewer than fifteen members and no more than twenty-three members. The members shall be appointed by the director. The director may solicit and consider recommendations from professional organizations, associations, and academic institutions in making appointments to the council.

2. Council members shall not be members of the governmental public health evaluation committee.

3. Council members shall serve for a term of two years and may be reappointed for a maximum of three consecutive terms. Initial appointment shall be in staggered terms. Vacancies shall be filled for the remainder of the original appointment.

4. The membership of the council shall satisfy all of the following requirements:

- a. One member who has expertise in injury prevention.
- b. One member who has expertise in environmental health.
- c. One member who has expertise in emergency preparedness.
- d. One member who has expertise in health promotion and chronic disease prevention.
- e. One member who has epidemiological expertise in communicable and infectious disease prevention and control.

f. One member representing each of Iowa’s six public health regions who is an employee of a designated local public health agency or member of a local board of health. Such members shall include a minimum of one local public health administrator and one physician member of a local board of health.

g. Two members who are representatives of the department.

h. The director of the state hygienic laboratory at the university of Iowa, or the director’s designee.

i. At least one representative from academic institutions which grant undergraduate and

postgraduate degrees in public health or other related health field and are accredited by a nationally recognized accrediting agency as determined by the United States secretary of education. For purposes of this paragraph, “accredited” means a certification of the quality of an institution of higher education.

j. Two members who serve on a county board of supervisors.

k. Four nonvoting, ex officio members who shall consist of four members of the general assembly, two from the senate and two from the house of representatives, with not more than one member from each chamber being from the same political party. The two senators shall be designated, one member each, by the majority leader of the senate after consultation with the president and by the minority leader of the senate. The two representatives shall be designated, one member each, by the speaker of the house of representatives after consultation with the majority leader of the house of representatives and by the minority leader of the house of representatives.

l. A member of the state board of health who shall be a nonvoting, ex officio member.

5. The council may utilize other relevant public health expertise when necessary to carry out its roles and responsibilities.

6. The council shall do all of the following:

a. Advise the department and make policy recommendations to the director of the department concerning administration, implementation, and coordination of this chapter and the governmental public health system.

b. Propose to the director public health standards that should be utilized for voluntary accreditation of designated local public health agencies and the department that include but are not limited to the organizational capacity and public health service components described in section 135A.6, subsection 1, by October 1, 2009.

c. Recommend to the department an accrediting entity and identify the roles and responsibilities for the oversight and implementation of the voluntary accreditation of designated local public health agencies and the department by January 2, 2010. This shall include completion of a pilot accreditation process for one designated local public health agency and the department by July 1, 2011.

d. Recommend to the director strategies to implement voluntary accreditation of designated local public health agencies and the department effective January 2, 2012.

e. Periodically review and make recommendations to the department regarding revisions to the public health standards pursuant to paragraph “b”, as needed and based on reports prepared by the governmental public health evaluation committee pursuant to section 135A.5.

f. Review rules developed and adopted by the state board of health under this chapter and make recommendations to the department for revisions to further promote implementation of this chapter and modernization of the governmental public health system.

g. Form and utilize subcommittees as necessary to carry out the duties of the council.

2009 Acts, ch 182, §118, 126; 2010 Acts, ch 1061, §27

[T] Subsection 1 amended

135A.5 Governmental public health evaluation committee.

1. A governmental public health evaluation committee is established to develop, implement, and evaluate the governmental public health system and voluntary accreditation program. The committee shall meet at least quarterly. The committee shall consist of no fewer than eleven members and no more than thirteen members. The members shall be appointed by the director of the department. The director may solicit and consider recommendations from professional organizations, associations, and academic institutions in making appointments to the committee.

2. Committee members shall not be members of the governmental public health advisory council.

3. Committee members shall serve for a term of two years and may be reappointed for a maximum of three consecutive terms. Initial appointment shall be in staggered terms. Vacancies shall be filled for the remainder of the original appointment.

4. The membership of the committee shall satisfy all of the following requirements:

a. At least one member representing each of Iowa’s six public health regions. Each

representative shall be an employee or administrator of a designated local public health agency or a member of a local board of health. Such members shall be appointed to ensure expertise in the areas of communicable and infectious diseases, environmental health, injury prevention, healthy behaviors, and emergency preparedness.

- b. Two members who are representatives of the department.
 - c. A representative of the state hygienic laboratory at the university of Iowa.
 - d. At least two representatives from academic institutions which grant undergraduate and postgraduate degrees in public health or other health-related fields.
 - e. At least one economist who has demonstrated experience in public health, health care, or a health-related field.
 - f. At least one research analyst.
5. The committee may utilize other relevant public health expertise when necessary to carry out its roles and responsibilities.
6. The committee shall do all of the following:
- a. Develop and implement processes for evaluation of the governmental public health system and the voluntary accreditation program.
 - b. Collect and report baseline information for organizational capacity and public health service delivery based on the Iowa public health standards prior to implementation of the voluntary accreditation program on January 2, 2012.
 - c. Evaluate the effectiveness of the accrediting entity and the voluntary accreditation process.
 - d. Evaluate the appropriateness of the Iowa public health standards and develop measures to determine reliability and validity.
 - e. Determine what process and outcome improvements in the governmental public health system are attributable to voluntary accreditation.
 - f. Assure that the evaluation process is capturing data to support key research in public health system effectiveness and health outcomes.
 - g. Annually submit a report to the department by July 1.
 - h. Form and utilize subcommittees as necessary to carry out the duties of the committee.
- 2009 Acts, ch 182, §119, 126; 2010 Acts, ch 1061, §28

[T] Subsection 1 amended

135A.6 Governmental public health system.

1. The governmental public health system, in accordance with the Iowa public health standards, shall include but not be limited to the following organizational capacity components and public health service components:

- a. Organizational capacity components shall include all of the following:
 - (1) Governance.
 - (2) Administration.
 - (3) Communication and information technology.
 - (4) Workforce.
 - (5) Community assessment and planning. This component consists of collaborative data collection and analysis for the completion of population-based community health assessments and community health profiles and the process of developing improvement plans to address the community health needs and identified gaps in public health services.
 - (6) Evaluation.
- b. Public health service components shall include all of the following:
 - (1) Prevention of epidemics and the spread of disease. This component includes the surveillance, detection, investigation, and prevention and control measures that prevent, reduce, or eliminate the spread of infectious disease.
 - (2) Protection against environmental hazards. This component includes activities that reduce or eliminate the risk factors detrimental to the public's health within the natural or man-made environment.
 - (3) Prevention of injuries. This component includes activities that facilitate the prevention, reduction, or elimination of intentional and unintentional injuries.

(4) Promotion of healthy behaviors. This component includes activities to assure services that promote healthy behaviors to prevent chronic disease and reduce illness.

(5) Preparation for, response to, and recovery from public health emergencies. This component includes activities to prepare the public health system and community partners to respond to public health threats, emergencies, and disasters and to assist in the recovery process.

2. The governmental public health system shall include but not be limited to the following entities:

- a. Local boards of health.
- b. State board of health.
- c. Designated local public health agencies.
- d. The department.

2009 Acts, ch 182, §120, 126

135A.7 Governmental public health system and accreditation data collection system.

1. The department shall establish and maintain a governmental public health system and an accreditation data collection system by which the state board of health, the director, the department, the council, and the committee may monitor the implementation and effectiveness of the governmental public health system based on the Iowa public health standards.

2. Notwithstanding section 22.7 or any other provision of law, local boards of health shall provide to the department and the accrediting entity upon request all data and information necessary to determine the local board's capacity to comply with the Iowa public health standards, including but not limited to data and information regarding governance, administration, communication and information technology, workforce, personnel, staffing, budget, contracts, and other program and agency information.

3. The department may share any data or information collected pursuant to this section with the council or the committee as necessary to perform the duties of the council and committee. Data and information provided to the department under this section which are confidential pursuant to section 22.7, subsection 2, 11, or 50, section 139A.3, or other provision of law, remain confidential and shall not be released by the department, the council, or the committee.

4. During the pendency of the accreditation process, all accreditation files and reports prepared for or maintained by the accrediting entity are confidential and are not subject to discovery, subpoena, or other means of legal compulsion for their release. After the accrediting entity has issued its recommendation or report only the preliminary drafts of the recommendation or report, and records otherwise confidential pursuant to chapter 22 or other provision of state or federal law, shall remain confidential and are not subject to discovery, subpoena, or other means of legal compulsion for their release.

5. To the extent possible, activities under this section shall be coordinated with other health data collection systems including those maintained by the department.

2009 Acts, ch 182, §121, 126

135A.8 Governmental public health system fund.

1. The department is responsible for the funding of the administrative costs for implementation of this chapter. A governmental public health system fund is created as a separate fund in the state treasury under the control of the department. The fund shall consist of moneys obtained from any source, including the federal government, unless otherwise prohibited by law or the entity providing the funding. Moneys deposited in the fund are appropriated to the department for the public health purposes specified in this chapter. Moneys in the fund shall not be transferred, used, obligated, appropriated, or otherwise encumbered except as provided in this section. Notwithstanding section 8.33, moneys in the governmental public health system fund at the end of the fiscal year shall not revert to any other fund but shall remain in the fund for subsequent fiscal years.

2. The fund is established to assist local boards of health and the department with the provision of governmental public health system organizational capacity and public health

service delivery and to achieve and maintain voluntary accreditation in accordance with the Iowa public health standards. At least seventy percent of the funds shall be made available to local boards of health and up to thirty percent of the funds may be utilized by the department.

3. Moneys in the fund may be allocated by the department to a local board of health for organizational capacity and service delivery. Such allocation may be made on a matching, dollar-for-dollar basis for the acquisition of equipment, or by providing grants to achieve and maintain voluntary accreditation in accordance with the Iowa public health standards.

4. A local board of health seeking matching funds or grants under this section shall apply to the department. The state board of health shall adopt rules concerning the application and award process for the allocation of moneys in the fund and shall establish the criteria for the allocation of moneys in the fund if the moneys are insufficient to meet the needs of local boards of health.

2009 Acts, ch 182, §122, 126

135A.9 Rules.

The state board of health shall adopt rules pursuant to chapter 17A to implement this chapter which shall include but are not limited to the following:

1. Incorporation of the Iowa public health standards recommended to the department pursuant to section 135A.4, subsection 6.

2. A voluntary accreditation process to begin no later than January 2, 2012, for designated local public health agencies and the department.

3. Rules relating to the operation of the governmental public health advisory council.

4. Rules relating to the operation of the governmental public health system evaluation committee.

5. The application and award process for governmental public health system fund moneys.

6. Rules relating to data collection for the governmental public health system and the voluntary accreditation program.

7. Rules otherwise necessary to implement the chapter.

2009 Acts, ch 182, §123, 126; 2010 Acts, ch 1061, §29

[T] Subsection 1 amended

135A.10 Prohibited acts — fraudulently claiming accreditation — civil penalty.

A local board of health or local public health agency that imparts or conveys, or causes to be imparted or conveyed, information claiming that it is accredited pursuant to this chapter or that uses any other term to indicate or imply it is accredited without being accredited under this chapter is subject to a civil penalty not to exceed one thousand dollars per day for each offense. However, nothing in this chapter shall be construed to restrict a local board of health or local public health agency from providing any services for which it is duly authorized.

2009 Acts, ch 182, §124, 126

135A.11 Implementation.

The department shall implement this chapter only to the extent that funding is available.

2009 Acts, ch 182, §125, 126

[SP] Appropriation of funds for FY 2009-2010 to begin implementation of public health modernization; 2009 Acts, ch 182, §2, 60