

CHAPTER 135A

PUBLIC HEALTH MODERNIZATION ACT

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

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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 degrees in public health or another health-related field 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. “*Council*” means the governmental public health advisory council as established in [this chapter](#).

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

4. “*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.

5. “*Governmental public health system*” means local boards of health, the state board of health, designated local public health agencies, the state hygienic laboratory, and the department.

6. “*Local board of health*” means the same as defined in [section 137.102](#).

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

8. “*Public health system*” means all public, private, and voluntary entities that contribute to the delivery of public health services within a jurisdiction.

[2009 Acts, ch 182, §116, 126; 2016 Acts, ch 1026, §1; 2017 Acts, ch 148, §25](#)

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

1. The department is designated as the lead agency in this state to administer [this chapter](#).

2. Such administration shall include evaluation of and quality improvement measures for the governmental public health system.

[2009 Acts, ch 182, §117, 126; 2016 Acts, ch 1026, §2](#)

135A.4 Governmental public health advisory council — legislative intent.

1. It is the intent of the general assembly that Iowa’s governmentally sponsored public health system be effective, efficient, well-organized, and well-coordinated in order to have the greatest impact on the improvement of health status for all Iowans. The governmental public health advisory council is intended to support this goal, and is established to provide recommendations to the director of the department to support improved organization and delivery of critical public health services across the state.

2. 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 and the state board of health 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-eight 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.

3. Council members shall serve for a term of two years and may be reappointed. Vacancies shall be filled for the remainder of the original appointment.

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

a. Twelve members who represent various subfields of public health. These members shall provide geographical representation from all areas of the state. Each of these members shall be 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.

b. Two members who are representatives of the department.

c. The director of the state hygienic laboratory at the university of Iowa, or the director's designee.

d. At least two representatives from academic institutions.

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

f. At least one economist who has demonstrated experience in public health, health care, or a health-related field.

g. At least one research analyst.

h. Four nonvoting 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.

i. A member of the state board of health who shall be a nonvoting 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 and the state board of health concerning implementation of [this chapter](#).

b. Propose to the director public health standards that may be utilized by the governmental public health system.

c. Develop and implement processes for longitudinal evaluation of the public health system including collection of information about organizational capacity and public health service delivery.

d. Determine what process and outcome improvements in the governmental public health system are attributable to voluntary accreditation.

e. Assure that the evaluation process is capturing data to support key research in public health system effectiveness and health outcomes.

f. Develop and make recommendations for improvements to the public health system.

g. Make recommendations for resources to support the public health system.

h. 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.

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

j. Annually submit a report on the activities of the council to the state board of health by July 1.

2009 Acts, ch 182, §118, 126; 2010 Acts, ch 1061, §27; 2016 Acts, ch 1026, §3

135A.5 through 135A.7 Repealed by 2016 Acts, ch 1026, §6.

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. 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.

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; 2016 Acts, ch 1026, §4

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

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

3. Rules otherwise necessary to implement the chapter.

2009 Acts, ch 182, §123, 126; 2010 Acts, ch 1061, §29; 2016 Acts, ch 1026, §5

135A.10 Prohibited acts — fraudulently claiming accreditation — civil penalty. Repealed by 2016 Acts, ch 1026, §6.

135A.11 Implementation.

The department shall implement [this chapter](#) only to the extent that funding is available.

2009 Acts, ch 182, §125, 126