

CHAPTER 80  
 LOCAL PUBLIC HEALTH SERVICES  
 [Prior to 8/3/94, "Homemaker-Home Health Aide Services"]  
 [Prior to 4/11/07, see also 641—Ch 79]

Chapter rescission date pursuant to Iowa Code section 17A.7: 11/1/30

**641—80.1(135) Definitions.** For the purposes of these rules, the following definitions apply:

“*Allocation*” means the process to distribute funds.

“*Appropriation*” means the funding amount approved in the state budget.

“*Contractor*” means a local board of health.

“*Core public health functions*” means the same as defined in 641—Chapter 77.

“*Elderly*” means an individual aged 60 years and older.

“*Essential public health services*” means a framework for public health to promote and protect the health of all people in all communities.

“*Formula*” means the mathematical calculation applied to the state appropriation and granted to each local board of health pursuant to Iowa Code section 135.11(10) to determine the amount of available funds to be distributed to each county.

“*Local board of health*” or “*LBOH*” means a county or district board of health as defined in Iowa Code chapter 137.

“*Low income*” means the U.S. Census Bureau’s small area income and poverty estimates (SAIPE) used to determine low income.

“*LPHS*” means local public health services.

“*Public health intervention*” means an organized effort to promote behaviors and habits that can improve physical, mental, and emotional health for specific groups of people.

[ARC 9562C, IAB 9/17/25, effective 11/1/25]

**641—80.2(135) Contractor assurances.** A contractor may directly provide or subcontract all or part of the delivery of essential public health services and public health interventions and will ensure the terms of its contract with the department are fulfilled.

[ARC 9562C, IAB 9/17/25, effective 11/1/25]

**641—80.3(135) Utilization of LPHS contract funding.** A contractor may bill the department for staff time, salaries and benefits, and other necessary costs to implement the approved essential public health services and interventions.

[ARC 9562C, IAB 9/17/25, effective 11/1/25]

**641—80.4(135) LPHS funds.**

**80.4(1)** Allocation for LPHS funds to each contractor is determined by the following formula:

*a.* Eighteen percent of the total LPHS funds will be divided so that an equal amount is available for use in each county in the state.

*b.* Eight percent of the total LPHS funds will be allocated to each county according to the county’s population based upon the published data of the U.S. Census Bureau, which is the most recent data available three months prior to the release of the LPHS application.

*c.* Forty-four percent of the total LPHS funds will be allocated according to the proportion of state residents who are elderly persons living in a county based upon the bridged-race population estimates produced by the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS).

*d.* Thirty percent of the total LPHS funds will be allocated according to the proportion of state residents who are low-income persons living in a county based upon the U.S. Census Bureau’s SAIPE.

**80.4(2)** The department will annually determine the potential for unused funds from contracts. Reallocation of the funds will be at the discretion of the department.

[ARC 9562C, IAB 9/17/25, effective 11/1/25]

These rules are intended to implement Iowa Code section 135.11(10).

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<sup>1</sup> May 16, 2018, effective date of ARC 3747C [80.2, 80.3, 80.4(4)“f”(6), 80.5(2)“a”(4), 80.6] delayed until the adjournment of the 2019 General Assembly by the Administrative Rules Review Committee at its meeting held May 8, 2018.