Iowa Department of Public Health
Public Health, Local Flexibility LSB 1210XD

Division I Background and Summary: Division I proposes significant changes to the Iowa Public Health Modernization Act that passed in 2009 (Iowa Code Chapter 135A). The Act created a state-level voluntary accreditation system for local public health agencies based on adoption and operationalization of the Iowa Public Health Standards. The Iowa Public Health Standards were developed through a robust effort by public health professionals at the state and local levels to answer the question, "What should every Iowan expect from local and state public health?"

Although an actual accreditation process was developed and piloted, one was never fully implemented in Iowa. In recent years, the focus has shifted to building quality improvement capacity and funding has been used for quality improvement projects in local public health agencies as the department monitored accreditation activity at the national level. At the time the Iowa Public Health Standards were developed there was not a national accreditation body. That has since changed. The Public Health Accreditation Board (PHAB) is now the national accreditation body for state and local public health and established its process in September of 2011. Nationally, local and state public health departments are now utilizing this process for their voluntary accreditation efforts. PHAB will not grant equivalency for state standards so the Iowa Modernization Act is now considered outdated. Since the Iowa accreditation process was never implemented, the proposed changes will have little impact on local public health agencies.

The bill strikes language requiring a voluntary accreditation process to be implemented by the department. It also removes references to the Iowa Public Health Standards. The bill merges the two councils that were established under the Act. One was an advisory council and the other an evaluation committee. The newly merged council will assume the roles of both groups and assist the Iowa Department of Public Health (IDPH) in evaluating the public health system in Iowa and will make recommendations to the department and the State Board of Health about the governmental public health system.

Section by Section Division Summary:
Section 1 amends Iowa Code Section 135A.2. Strikes the definitions of accrediting entity, administration, committee, communication and information technology, governance, Iowa Public Health Standards, public health region, voluntary accreditation, and workforce. Amends the definitions of academic institution, designated local public health agency, and governmental public health systems. Adds a new definition of public health system.

Section 2 amends Iowa Code Section 135A.3. Removes directives relating to the establishment of a voluntary accreditation system in accordance with the Iowa Public Health Standards.

Section 3 amends Iowa Code Section 135A.4. Merges the evaluation committee with the advisory council. The size of the council increases from 23 to 28 members to include expertise that had been on the evaluation committee and requires twelve members to represent various subfields of public health and be geographical dispersed throughout the state. The State Board of Health is added, in addition to the department, to receive recommendations from the council in a report due by July 1 each year. The bill modifies the council's duties to reflect the expanded role of evaluating Iowa's public health system.

Section 4 amends Iowa Code Section 135A.5. Removes references to the Iowa Public Health Standards.
Section 5 amends Iowa Code Section 135A.5. Removes references to the Iowa Public Health Standards and administrative rules directives relating to a voluntary accreditation system.

Section 6 repeals several sections of the Iowa Modernization Act.
Sections 7-10 under Division II continue to remove references to the Iowa Public Health Standards in Iowa Code Chapters 136 and 137 that relate to the Iowa State Board of Health and Local Boards of Health respectively.

Division II Background and Summary: Many factors will impact the delivery of public health services now and in the future. IDPH refers to these changes as "Public Health Transformation." The Affordable Care Act, Accountable Care Organizations (ACOs), workforce turnover in administrative positions in local agencies, a trend toward voluntary national accreditation by PHAB, and the opportunities that the State Innovation Model (SIM) grant will bring in the next few years are just a few examples. In other words, there are a lot of things coming down the pike for public health at the state and local levels.

The public health governance structure in Iowa is decentralized. Each of the state's 99 counties has a local board of health to govern and manage the delivery of its public health services. Two of Iowa's cities also have a board of health for a total of 101 local boards of health across the state. In response to the aforementioned issues and the potential for changes they bring, the department anticipates that local boards of health may seek to change how they deliver services and their governance structure. Iowa Code Chapter 137, Local Boards of Health, lays out a process for merging local boards of health into district boards of health. To date, this process has not been utilized to completion. However, a few years ago Wayne and Appanoose Counties voluntarily entered into discussions about forming a district and completed a great deal of work towards that end. The counties reached a few points of impasse as they progressed and some were related to code requirements that were too inflexible. The department is proposing to remove some of those requirements after reviewing their relevance to the desired outcome of ensuring that quality public health services continue to be delivered to Iowans after a merger is complete. The bill proposes to allow more flexibility for determining the merged board's make-up, modifies required documentation to IDPH, and permits the newly merged entity to subcontract for a treasurer and/or auditor if necessary.

Section by Section Division Summary:
Section 11 amends Iowa Code Section 137.105. Removes a requirement that an equal number of representatives from each county be on the board and a restriction of one county supervisor per county on the board. The department believes that the local participants should have more flexibility in deciding the make-up of the district board.

Section 12 amends Iowa Code Section 137.106. Modifies a requirement in the proposal from the counties that would be sent to the department. Currently, it must include an explanation how a merger would increase organizational capacity to deliver public health services. However, it may be true that the idea to form a district board of health may stem from trying to attain service requirements. The proposed modification better provides for that purpose.

Section 13 amends Iowa Code Section 137.111. Permits the district board of health to subcontract for a treasurer or auditor if necessary. Currently it is required that a county treasurer serve as the treasurer for the district health department. The same requirement applies to a county auditor. This requirement was a large part of why the merger did not succeed between Wayne and Appanoose Counties. This proposal gives a third option should this issue come up again.