

CHAPTER 1026

STATE AND LOCAL ADMINISTRATION OF PUBLIC HEALTH SERVICES

S.F. 2159

AN ACT relating to public health including public health modernization and boards of health.

Be It Enacted by the General Assembly of the State of Iowa:

DIVISION I

IOWA PUBLIC HEALTH MODERNIZATION ACT

Section 1. Section 135A.2, Code 2016, is amended to read as follows:

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 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. *“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. 2. *“Council”* means the governmental public health advisory council as established in [this chapter](#).

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

8. 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 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. 5. *“Governmental public health system”* ~~means the system described in [section 135A.6](#) local boards of health, the state board of health, designated local public health agencies, the state hygienic laboratory, and the department.~~

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

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

13. 7. *“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.~~

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

Sec. 2. Section 135A.3, Code 2016, is amended to read as follows:

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

Sec. 3. Section 135A.4, Code 2016, is amended to read as follows:

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.

~~1. 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-three~~ 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.

~~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 consist of all of the following members who 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. a. One member representing each of Iowa’s six public health regions Twelve members who is 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.

~~g. b.~~ Two members who are representatives of the department.

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

~~i. d.~~ At least one representative two representatives 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. 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.

~~k. h.~~ 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. i.~~ 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 ~~and the state board of health concerning administration, implementation, and coordination of [this chapter](#) and the governmental public health system.~~

b. Propose to the director public health standards that ~~should~~ may 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 by the governmental public health service components described in ~~section 135A.6, subsection 1, by October 1, 2009 system.~~

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. 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. ~~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.](#)~~

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.

~~f. 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.

~~g. 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.

Sec. 4. Section 135A.8, subsections 2 and 3, Code 2016, are amended to read as follows:

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.~~

Sec. 5. Section 135A.9, Code 2016, is amended to read as follows:

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. 1. 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. 2. 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. 3. Rules otherwise necessary to implement the chapter.~~

Sec. 6. REPEAL. Sections 135A.5, 135A.6, 135A.7, and 135A.10, Code 2016, are repealed.

DIVISION II
STATE AND DISTRICT BOARDS OF HEALTH

Sec. 7. Section 136.3, subsection 5, Code 2016, is amended by striking the subsection.

Sec. 8. Section 136.3, subsections 6 and 8, Code 2016, are amended to read as follows:

6. Assure that the department complies with Iowa Code, and administrative rules, ~~and the Iowa public health standards.~~ For this purpose the board shall have access at any time to all documents and records of the department.

8. Advise or make recommendations to the director of public health, governor, and general assembly relative to public health and advocate for ~~state and local public health to comply with the Iowa~~ the importance of public health standards for state and local public health.

Sec. 9. Section 137.102, subsection 10, Code 2016, is amended by striking the subsection.

Sec. 10. Section 137.104, subsection 1, paragraph b, unnumbered paragraph 1, Code 2016, is amended to read as follows:

Make and enforce such reasonable rules and regulations not inconsistent with law, and the rules of the state board, ~~or the Iowa public health standards~~ as may be necessary for the protection and improvement of the public health.

Sec. 11. Section 137.105, subsection 1, paragraph c, Code 2016, is amended to read as follows:

c. All members of a district board shall be appointed by the county board of supervisors from each county represented by the district. Each county board of supervisors shall appoint at least one but no more than three members to the district board, ~~and each county board of supervisors shall appoint the same number of members to the district board. There shall be no more than one board of supervisors member from any participating county on the district board.~~

Sec. 12. Section 137.106, subsection 1, Code 2016, is amended to read as follows:

1. A written narrative that explains how the formation of a district board will increase organizational capacity and attain the capability to provide population-based and personal public health services compared with operating as individual county boards.

Sec. 13. Section 137.111, Code 2016, is amended to read as follows:

137.111 District treasurer and auditor.

Upon establishment of a district board, the district board shall designate a treasurer of a county within its jurisdiction to serve as treasurer of the district health department, and shall designate the an auditor of the same county to serve as auditor of the district health department. The A treasurer or auditor of any county within the district may also serve in the capacity of treasurer or auditor of the district health department, respectively, or the district board may contract with a third party to act as the treasurer or auditor of the district health department. A county treasurer's and the or county auditor's official bonds shall bond may extend to cover their respective duties performed on behalf of the district health department. A county treasurer shall not serve in the capacity of district health department treasurer without consent from the county and agreement from the treasurer to perform this function, and a county auditor shall not serve in the capacity of district health department auditor without consent from the county and agreement from the auditor to perform this function.

Approved March 24, 2016