

SENATE/HOUSE FILE \_\_\_\_\_  
BY (PROPOSED DEPARTMENT OF  
PUBLIC HEALTH BILL)

**A BILL FOR**

1 An Act relating to public health including public health  
2 modernization and boards of health.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

DRAFT

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DIVISION I

IOWA PUBLIC HEALTH MODERNIZATION ACT

Section 1. Section 135A.2, Code 2015, 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.~~

1 ~~8.~~ 4. "*Designated local public health agency*" means an  
2 entity that is either governed by or contractually responsible  
3 to a local board of health and designated by the local  
4 board ~~to comply with the Iowa public health standards for a~~  
5 ~~jurisdiction.~~

6 ~~9.~~ "*Governance*" ~~means the functions and responsibilities~~  
7 ~~of the local boards of health and the state board of health to~~  
8 ~~oversee governmental public health matters.~~

9 ~~10.~~ 5. "*Governmental public health system*" means ~~the system~~  
10 ~~described in section 135A.6~~ local boards of health, the state  
11 board of health, designated local public health agencies, the  
12 state hygienic laboratory, and the department.

13 ~~11.~~ "*Iowa public health standards*" ~~means the governmental~~  
14 ~~public health standards adopted by rule by the state board of~~  
15 ~~health.~~

16 ~~12.~~ 6. "*Local board of health*" means a county or district  
17 board of health.

18 ~~13.~~ 7. "*Organizational capacity*" means the governmental  
19 public health infrastructure that must be in place in order to  
20 deliver public health services.

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

25 ~~15.~~ 8. "*Public health services*" means the basic public  
26 health services that all Iowans should reasonably expect to be  
27 provided by designated local public health agencies and the  
28 department.

29 ~~16.~~ "*Voluntary accreditation*" ~~means verification of a~~  
30 ~~designated local public health agency or the department that~~  
31 ~~demonstrates compliance with the Iowa public health standards~~  
32 ~~by an accrediting entity.~~

33 ~~17.~~ "*Workforce*" ~~means the necessary qualified and competent~~  
34 ~~staff required to deliver public health services.~~

35 9. "*Public health system*" means all public, private, and

1 voluntary entities that contribute to the delivery of essential  
2 public health services within a jurisdiction.

3 Sec. 2. Section 135A.3, Code 2015, is amended to read as  
4 follows:

5 **135A.3 Governmental public health system modernization —**  
6 **lead agency.**

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

9 ~~2. The department, in collaboration with the governmental~~  
10 ~~public health advisory council and the governmental public~~  
11 ~~health evaluation committee, shall coordinate implementation~~  
12 ~~of this chapter including but not limited to the voluntary~~  
13 ~~accreditation of designated local public health agencies and~~  
14 ~~the department in accordance with the Iowa public health~~  
15 ~~standards. Such implementation administration shall include~~  
16 ~~evaluation of and quality improvement measures for the~~  
17 ~~governmental public health system.~~

18 Sec. 3. Section 135A.4, Code 2015, is amended to read as  
19 follows:

20 **135A.4 Governmental public health advisory council.**

21 1. A governmental public health advisory council is  
22 established to advise the department and make policy  
23 recommendations to the director of the department concerning  
24 administration, implementation, and coordination of this  
25 chapter and to make recommendations to the department and  
26 the state board of health regarding the governmental public  
27 health system. The council shall meet at least quarterly. The  
28 council shall consist of no fewer than fifteen members and  
29 no more than ~~twenty-three~~ twenty-eight members. The members  
30 shall be appointed by the director. The director may solicit  
31 and consider recommendations from professional organizations,  
32 associations, and academic institutions in making appointments  
33 to the council.

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

1     ~~3.~~ 2. Council members shall serve for a term of two years  
2 and may be reappointed ~~for a maximum of three consecutive~~  
3 ~~terms. Initial appointment shall be in staggered terms.~~  
4 Vacancies shall be filled for the remainder of the original  
5 appointment.

6     ~~4.~~ 3. The membership of the council shall satisfy all of  
7 the following requirements:

8     ~~a.~~ ~~One member who has expertise in injury prevention.~~

9     ~~b.~~ ~~One member who has expertise in environmental health.~~

10    ~~c.~~ ~~One member who has expertise in emergency preparedness.~~

11    ~~d.~~ ~~One member who has expertise in health promotion and~~  
12 ~~chronic disease prevention.~~

13    ~~e.~~ ~~One member who has epidemiological expertise in~~  
14 ~~communicable and infectious disease prevention and control.~~

15    ~~f.~~ a. One member Twelve members representing each of  
16 Iowa's six public health regions who is various subfields  
17 of public health. These members shall provide geographical  
18 representation from all areas of the state. Each of these  
19 members shall be an employee of a designated local public  
20 health agency or member of a local board of health. Such  
21 members shall include a minimum of one local public health  
22 administrator and one physician member of a local board of  
23 health.

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

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

28    ~~i.~~ d. At least ~~one representative~~ two representatives  
29 from academic institutions which grant undergraduate and  
30 postgraduate degrees in public health or other related health  
31 field and are accredited by a nationally recognized accrediting  
32 agency as determined by the United States secretary of  
33 education. For purposes of this paragraph, "accredited" means  
34 a certification of the quality of an institution of higher  
35 education.

1 ~~j.~~ e. Two members who serve on a county board of  
2 supervisors.

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

5 g. At least one research analyst.

6 ~~k.~~ h. Four nonvoting, ~~ex officio~~ members who shall consist  
7 of four members of the general assembly, two from the senate  
8 and two from the house of representatives, with not more than  
9 one member from each chamber being from the same political  
10 party. The two senators shall be designated, one member each,  
11 by the majority leader of the senate after consultation with  
12 the president and by the minority leader of the senate. The  
13 two representatives shall be designated, one member each, by  
14 the speaker of the house of representatives after consultation  
15 with the majority leader of the house of representatives and by  
16 the minority leader of the house of representatives.

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

19 ~~5.~~ 4. The council may utilize other relevant public  
20 health expertise when necessary to carry out its roles and  
21 responsibilities.

22 ~~6.~~ 5. The council shall do all of the following:

23 a. Advise the department and make policy recommendations to  
24 the director of the department and the state board of health  
25 concerning administration, implementation, and coordination of  
26 this chapter and the ~~governmental~~ public health system.

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

33 ~~c.~~ Recommend to the department an accrediting entity and  
34 identify the roles and responsibilities for the oversight and  
35 implementation of the ~~voluntary accreditation of designated~~

1 ~~local public health agencies and the department by January 2,~~  
2 ~~2010. This shall include completion of a pilot accreditation~~  
3 ~~process for one designated local public health agency and the~~  
4 ~~department by July 1, 2011. Develop and implement processes for~~  
5 ~~longitudinal evaluation of the public health system including~~  
6 ~~collection of information about organizational capacity and~~  
7 ~~public health services delivery.~~

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

11 ~~*e.* Periodically review and make recommendations to the~~  
12 ~~department regarding revisions to the public health standards~~  
13 ~~pursuant to paragraph "b", as needed and based on reports~~  
14 ~~prepared by the governmental public health evaluation committee~~  
15 ~~pursuant to section 135A.5.~~

16 ~~*d.* Determine what process and outcome improvements in the~~  
17 ~~governmental public health system are attributable to voluntary~~  
18 ~~accreditation.~~

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

22 ~~*f.* Develop and make recommendations for improvements to the~~  
23 ~~public health system and for the health outcomes of Iowans.~~

24 ~~*g.* Make recommendations for resources to support the public~~  
25 ~~health system.~~

26 ~~*f.* *h.* Review rules developed and adopted by the state board~~  
27 ~~of health under this chapter and make recommendations to the~~  
28 ~~department for revisions to further promote implementation~~  
29 ~~of this chapter and modernization of the governmental public~~  
30 ~~health system.~~

31 ~~*g.* *i.* Form and utilize subcommittees as necessary to carry~~  
32 ~~out the duties of the council.~~

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

35 ~~Sec. 4. Section 135A.8, subsections 2 and 3, Code 2015, are~~

1 amended to read as follows:

2 2. The fund is established to assist local boards of health  
3 and the department with the provision of governmental public  
4 health system organizational capacity and public health service  
5 delivery and to achieve and maintain voluntary accreditation  
6 ~~in accordance with the Iowa public health standards.~~ At least  
7 seventy percent of the funds shall be made available to local  
8 boards of health and up to thirty percent of the funds may be  
9 utilized by the department.

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

17 Sec. 5. Section 135A.9, Code 2015, is amended to read as  
18 follows:

19 **135A.9 Rules.**

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

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

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

29 ~~3. 1. Rules relating to the operation of the governmental~~  
30 ~~public health advisory council.~~

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

33 ~~5. 2. The application and award process for governmental~~  
34 ~~public health system fund moneys.~~

35 ~~6. Rules relating to data collection for the governmental~~



1 ~~public health system and the voluntary accreditation program.~~

2 7. 3. Rules otherwise necessary to implement the chapter.

3 Sec. 6. REPEAL. Sections 135A.5, 135A.6, 135A.7, and  
4 135A.10, Code 2015, are repealed.

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DIVISION II

6

STATE AND DISTRICT BOARDS OF HEALTH

7 Sec. 7. Section 136.3, subsection 5, Code 2015, is amended  
8 by striking the subsection.

9 Sec. 8. Section 136.3, subsections 6 and 8, Code 2015, are  
10 amended to read as follows:

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

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

20 Sec. 9. Section 137.102, subsection 10, Code 2015, is  
21 amended by striking the subsection.

22 Sec. 10. Section 137.104, subsection 1, paragraph b,  
23 unnumbered paragraph 1, Code 2015, is amended to read as  
24 follows:

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

29 Sec. 11. Section 137.105, subsection 1, paragraph c, Code  
30 2015, is amended to read as follows:

31 c. All members of a district board shall be appointed by  
32 the county board of supervisors from each county represented by  
33 the district. Each county board of supervisors shall appoint  
34 at least one but no more than three members to the district  
35 board, ~~and each county board of supervisors shall appoint the~~

1 ~~same number of members to the district board. There shall~~  
2 ~~be no more than one board of supervisors member from any~~  
3 ~~participating county on the district board.~~

4 Sec. 12. Section 137.106, subsection 1, Code 2015, is  
5 amended to read as follows:

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

11 Sec. 13. Section 137.111, Code 2015, is amended to read as  
12 follows:

13 **137.111 District treasurer and auditor.**

14 Upon establishment of a district board, the district board  
15 shall designate a treasurer ~~of a county within its jurisdiction~~  
16 to serve as treasurer of the district health department, and  
17 shall designate ~~the an~~ auditor ~~of the same county~~ to serve as  
18 auditor of the district health department. A treasurer or  
19 auditor of any county within the district may also serve in  
20 the capacity as treasurer or auditor of the district health  
21 department, respectively, or the district board may contract  
22 with a third party to act as the treasurer or auditor of the  
23 district health department. The A county treasurer's and  
24 the or county auditor's official bonds shall bond may extend  
25 to cover their respective duties performed on behalf of the  
26 district health department. ~~A county treasurer shall not serve~~  
27 ~~in the capacity of district health department treasurer without~~  
28 ~~consent from the county and agreement from the treasurer to~~  
29 ~~perform this function, and a county auditor shall not serve~~  
30 ~~in the capacity of district health department auditor without~~  
31 ~~consent from the county and agreement from the auditor to~~  
32 ~~perform this function.~~

33

**EXPLANATION**

34 The inclusion of this explanation does not constitute agreement with  
35 the explanation's substance by the members of the general assembly.

1 This bill relates to public health including the Iowa public  
2 health modernization Act and the state and district boards of  
3 health.

4 The bill amends provisions in Code chapter 135A (public  
5 health modernization Act). The bill eliminates and amends  
6 definitions used in the Code chapter and eliminates the  
7 requirements for voluntary accreditation of designated local  
8 public health agencies and the department of public health  
9 and the required development and use of Iowa public health  
10 standards.

11 The bill changes the size and composition of the  
12 governmental public health advisory council to include a  
13 maximum of 28 members and to specifically include 12 members  
14 representing various subfields of public health from local  
15 public health agencies and local boards of health from all  
16 geographic areas of the state, at least two representatives  
17 from academic institutions, at least one economist who has  
18 demonstrated experience in public health, health care, or a  
19 health-related field, and at least one research analyst. The  
20 bill eliminates certain duties of the council and prescribes  
21 additional duties including to develop and implement processes  
22 for longitudinal evaluation of the public health system  
23 including collection of information about organizational  
24 capacity and public health services delivery, to determine what  
25 process and outcome improvements in the governmental public  
26 health system are attributable to voluntary accreditation, to  
27 assure that the evaluation process is capturing data to support  
28 key research in public health system effectiveness and health  
29 outcomes, to develop and make recommendations for improvements  
30 to the public health system and for the health outcomes of  
31 Iowans, to make recommendations for resources to support the  
32 public health system, and to annually submit a report on the  
33 activities of the council to the state board of health by July  
34 1.

35 The bill eliminates the governmental public health

1 evaluation committee which was established to develop and  
2 implement the evaluation of the governmental public health  
3 system and voluntary accreditation program, the specified  
4 organizational capacity components and public health service  
5 components of a governmental public health system, and the  
6 governmental public health system and accreditation data  
7 collection system which was to monitor the implementation and  
8 effectiveness of the governmental public health system based on  
9 the Iowa public health standards.

10 The bill eliminates directives to adopt rules that relate  
11 to the provisions of the Act eliminated in the bill and also  
12 eliminates the section of the Act that established a civil  
13 penalty for a local board of health or local public health  
14 agency fraudulently claiming accreditation. The bill also  
15 makes conforming changes in the Code chapters relating to state  
16 and district boards of health to reflect the changes to the  
17 public health modernization Act.

DRRAFT



**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.