

IDPH Legislative Update – February 4, 2016

This week's newsletter showcases snapshots from the first three weeks of session.

In this issue:

- [IDPH Legislative Budget Package Overview](#)
- [Public Health Flexibility Bill](#)
- [Subcommittee Meetings Attended](#)

IDPH Legislative Budget Package Overview

The IDPH legislative budget package for FY 2017 is focused on supporting strategic reallocations in the existing general fund budget for the department. Reallocations were considered based on historic reversions back to the general fund and additional needs identified in other department program areas. By reallocating funds, IDPH will be able to reduce reversions back to the general fund and, instead, use the funding for programming within the department that is required by the Iowa Code but is unfunded or underfunded.

Reallocated to:

- Increase of \$74,059 to the PRIMECARRE Program to close the gap between the number of applicants and existing funding.
- Increase of \$60,000 for the Certificate of Need (CON) Program to support the administration of this program.
- New allocation of \$47,000 to the Child Vision Screening Program to create a sustainable funding source for ongoing costs.
- New allocation of \$74,389 for the Office of Minority and Multicultural Health (OMMH) to compensate for reduced federal funding.
- New allocation of \$150,000 to fund the Office of the Chief Information Officer (OCIO) service charges (utility billings) to fully execute the requirements of Executive Order 20 and the directives of the 2010 Government Reorganization and Efficiencies Act.

Reallocated from:

- \$275,000 from the Gambling Treatment and Prevention Program without decreasing the clients receiving problem gambling treatment and without decreasing provider rates.
- \$25,000 from the Cervical and Colorectal Cancer Screening Program due to feedback from the subcontractors regarding difficulty spending funds.
- \$105,448 from the Mental Health Workforce Stipend Program due to historical reversions. A portion of the funding will be used for the PRIMECARRE Program. Specified mental health professions are eligible for this funding.

Additionally, \$500,000 is being requested from the Technology Reinvestment Fund for the second year of requested funding for the Maternal and Child Health database integration project. Project goals include:

- Integrate 5 program data collection systems across 8 programs in the Bureaus of Family Health and Oral and Health Delivery Systems.

- Better support our stakeholders and to improve the outcomes of the families they work with.
- All 8 programs impacted operate in all 99 counties and serve all children and pregnant women enrolled in Medicaid as well as low-income and uninsured or underinsured Iowans.
- Currently the 5 systems function independently of each other, are not web-based, and cannot share data among users or with the public. The systems are aging and are costly to repair and present data security issues.
- Features of the new system will include case management, referral management, risk assessment, billing, and client and population-level reporting.

**See the IDPH FY 17 Budget Memo for more information.*

Public Health Flexibility Bill

This bill will consist of two parts that both attempt to encourage collaboration amongst public health stakeholders and to increase flexibility in local decision making as it relates to public health. Many factors will impact the delivery of public health services now and in the future. The Affordable Care Act, Accountable Care Organizations (ACOs), workforce turnover in administrator positions in local agencies, an aging public health workforce, a trend toward voluntary national accreditation by the Public Health Accreditation Board (PHAB), decreases in federal funding, and the opportunities that the State Innovation Model (SIM) grant will bring in the next few years are just a few examples. Adjustments in Iowa Code will provide greater opportunities for local public health agencies to respond to new challenges and opportunities, and organize in ways that better meet their needs, as well as realign accreditation efforts around national standards. For more information please read “Public Health Challenges” included in the IDPH Policy Package information attached to this publication.

The bill has been introduced in the Senate as SSB 3072. The subcommittee members assigned to the bill are Senators Mary Jo Wilhelm, Rich Taylor and Mark Segebart. A meeting of the subcommittee has not been scheduled as of this writing.

Division I: Division I has three goals, 1) to remove code language that has become outdated, 2) to merge the work of two councils that were established under the code chapter, and 3) to retain the Fund that is being used to support quality improvement efforts in local public health agencies across the state.

Division II: The goal of Division II is to reduce barriers in law which restrict local organizing strategies in Iowa Code Section 137 District Boards of Health and to increase flexibility for local decision making.

**See the additional materials, titled “IDPH Policy Package” for more information.*

Subcommittees Attended

[HSB 503 Prescription Authority for Psychologists.](#) A subcommittee of Representatives Linda Miller, Joel Fry and Timi Brown-Powers met on Wednesday, January 27. The subcommittee members will continue to consider the information provided at the meeting. It has not been discussed by the full Human Resources Committee as of this writing.

[HSB 511 Certificate of Need.](#) A subcommittee of Representatives Ako Abdul-Samad, Linda Miller and Joel Fry met Monday, January 25. The subcommittee members will continue to consider the information provided at the meeting. It has not been discussed by the full House Human Resources Committee as of this writing.

[HF 420 Regulation of Tanning Facilities](#). A subcommittee of Representatives Greg Forristall, Timi Brown-Powers and Joel Fry met on Thursday, January 28. The bill passed out of subcommittee without amendments. It may now be considered by the full House Human Resources Committee.

[HF 2025 Out-of-State Medical Examiner Fees](#). A subcommittee of Representatives Rob Bacon, Lisa Heddens and Tom Moore met on Wednesday and Thursday, January 20 and 21. The bill was passed out of subcommittee with an amendment. It will now be considered by the full House Human Resources Committee.

[HF 2041 Supervision of Physician Assistants](#). A subcommittee of Representatives Linda Miller, Rob Taylor and Cindy Winckler met on Wednesday, January 27. The subcommittee members will continue to consider the information provided at the meeting. It has not been discussed by the full House Human Resources Committee as of this writing.

[SF 508 Fireworks Protocol](#). The bill was first introduced in the 2015 legislative session and is being revisited. A subcommittee of Senators Jeff Danielson, Rick Bertrand, Jake Chapman, Wally Horn and Brian Schoenjahn met on Wednesday, January 27. The bill passed out of the Senate State Government Committee with amendments on February 3. The bill may now be considered by the full Senate Chamber.

[SF 2032 Disclosure of Mental Health Information](#). A subcommittee of Senators met on Thursday, January 28. The bill passed out of subcommittee with possible amendments to include references to federal law governing specially protected health information. The bill may now be taken up by the full Senate Human Resources Committee.

Other Information

- To review any report filed with the General Assembly by executive branch agencies, including IDPH, please click [here](#).
- The [Iowa General Assembly](#) website is a great source of legislative information. Take a few minutes to check out the wealth of resources available.
- The [Legislative Update](#) is also posted on the IDPH website.
- To subscribe to the IDPH Legislative Update, please send a blank email to join-IDPHLEGUPDATE@lists.ia.gov.

For more information, please contact **Deborah Thompson**, Policy Advisor for IDPH, at 515-240-0530 or Deborah.Thompson@IDPH.iowa.gov.

Senate Study Bill 3072 - Introduced

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:

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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.~~

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.~~ "*Public health services*" ~~means the basic public health~~
26 ~~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 8. "*Public health system*" means all public, private, and

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

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

20 **135A.4 Governmental public health advisory council —**
21 **legislative intent.**

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

31 ~~±.~~ 2. A governmental public health advisory council
32 is established to advise the department and make policy
33 recommendations to the director of the department concerning
34 administration, implementation, and coordination of this
35 chapter and to make recommendations to the department and

1 the state board of health regarding the governmental public
2 health system. The council shall meet at least quarterly. The
3 council shall consist of no fewer than fifteen members and
4 no more than ~~twenty-three~~ twenty-eight members. The members
5 shall be appointed by the director. The director may solicit
6 and consider recommendations from professional organizations,
7 associations, and academic institutions in making appointments
8 to the council.

9 ~~2. Council members shall not be members of the governmental~~
10 ~~public health evaluation committee.~~

11 3. Council members shall serve for a term of two years and
12 may be reappointed ~~for a maximum of three consecutive terms.~~
13 ~~Initial appointment shall be in staggered terms.~~ Vacancies
14 shall be filled for the remainder of the original appointment.

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

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

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

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

21 ~~d. One member who has expertise in health promotion and~~
22 ~~chronic disease prevention.~~

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

25 ~~f. a. One member representing each of Iowa's six public~~

26 ~~health regions~~ Twelve members who is represent various
27 subfields of public health. These members shall provide
28 geographical representation from all areas of the state. Each

29 of these members shall be an employee of a designated local
30 public health agency or member of a local board of health.

31 Such members shall include a minimum of one local public health
32 administrator and one physician member of a local board of
33 health.

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

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

3 ~~i.~~ d. At least ~~one representative~~ two representatives
4 from academic institutions ~~which grant undergraduate and~~
5 ~~postgraduate degrees in public health or other related health~~
6 ~~field and are accredited by a nationally recognized accrediting~~
7 ~~agency as determined by the United States secretary of~~
8 ~~education. For purposes of this paragraph, "accredited" means~~
9 ~~a certification of the quality of an institution of higher~~
10 ~~education.~~

11 ~~j.~~ e. Two members who serve on a county board of
12 supervisors.

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

15 g. At least one research analyst.

16 ~~k.~~ h. Four nonvoting, ~~ex officio~~ members who shall consist
17 of four members of the general assembly, two from the senate
18 and two from the house of representatives, with not more than
19 one member from each chamber being from the same political
20 party. The two senators shall be designated, one member each,
21 by the majority leader of the senate after consultation with
22 the president and by the minority leader of the senate. The
23 two representatives shall be designated, one member each, by
24 the speaker of the house of representatives after consultation
25 with the majority leader of the house of representatives and by
26 the minority leader of the house of representatives.

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

29 5. The council may utilize other relevant public
30 health expertise when necessary to carry out its roles and
31 responsibilities.

32 6. The council shall do all of the following:

33 a. Advise the department and make policy recommendations to
34 the director of the department and the state board of health
35 concerning ~~administration, implementation, and coordination of~~

1 this chapter and the governmental public health system.

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

8 ~~c. Recommend to the department an accrediting entity and~~
9 ~~identify the roles and responsibilities for the oversight and~~
10 ~~implementation of the voluntary accreditation of designated~~
11 ~~local public health agencies and the department by January 2,~~
12 ~~2010. This shall include completion of a pilot accreditation~~
13 ~~process for one designated local public health agency and the~~
14 ~~department by July 1, 2011 Develop and implement processes for~~
15 ~~longitudinal evaluation of the public health system including~~
16 ~~collection of information about organizational capacity and~~
17 ~~public health service delivery.~~

18 ~~d. Recommend to the director strategies to implement~~
19 ~~voluntary accreditation of designated local public health~~
20 ~~agencies and the department effective January 2, 2012.~~

21 ~~e. Periodically review and make recommendations to the~~
22 ~~department regarding revisions to the public health standards~~
23 ~~pursuant to paragraph "b", as needed and based on reports~~
24 ~~prepared by the governmental public health evaluation committee~~
25 ~~pursuant to section 135A.5.~~

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

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

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

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

1 ~~f.~~ h. Review rules developed and adopted by the state board
2 of health under this chapter and make recommendations to the
3 department for revisions to further promote implementation
4 of this chapter and modernization of the governmental public
5 health system.

6 ~~g.~~ i. Form and utilize subcommittees as necessary to carry
7 out the duties of the council.

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

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

12 2. The fund is established to assist local boards of health
13 and the department with the provision of governmental public
14 health system organizational capacity and public health service
15 delivery and to achieve and maintain voluntary accreditation
16 ~~in accordance with the Iowa public health standards.~~ At least
17 seventy percent of the funds shall be made available to local
18 boards of health and up to thirty percent of the funds may be
19 utilized by the department.

20 3. Moneys in the fund may be allocated by the department
21 to a local board of health for organizational capacity and
22 service delivery. Such allocation may be made on a matching,
23 dollar-for-dollar basis for the acquisition of equipment,
24 or by providing grants to achieve and maintain voluntary
25 accreditation ~~in accordance with the Iowa public health~~
26 ~~standards.~~

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

29 **135A.9 Rules.**

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

33 ~~1. Incorporation of the Iowa public health standards~~
34 ~~recommended to the department pursuant to section 135A.4,~~
35 ~~subsection 6.~~

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

4 ~~3. 1. Rules relating to the operation of the governmental~~
5 ~~public health advisory council.~~

6 ~~4. Rules relating to the operation of the governmental~~
7 ~~public health system evaluation committee.~~

8 ~~5. 2. The application and award process for governmental~~
9 ~~public health system fund moneys.~~

10 ~~6. Rules relating to data collection for the governmental~~
11 ~~public health system and the voluntary accreditation program.~~

12 ~~7. 3. Rules otherwise necessary to implement the chapter.~~

13 Sec. 6. REPEAL. Sections 135A.5, 135A.6, 135A.7, and
14 135A.10, Code 2016, are repealed.

15 DIVISION II

16 STATE AND DISTRICT BOARDS OF HEALTH

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

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

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

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

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

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

35 Make and enforce such reasonable rules and regulations not

1 inconsistent with law, and the rules of the state board, ~~or~~
2 ~~the Iowa public health standards~~ as may be necessary for the
3 protection and improvement of the public health.

4 Sec. 11. Section 137.105, subsection 1, paragraph c, Code
5 2016, is amended to read as follows:

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

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

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

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

23 **137.111 District treasurer and auditor.**

24 Upon establishment of a district board, the district board
25 shall designate a treasurer ~~of a county within its jurisdiction~~
26 to serve as treasurer of the district health department, and
27 shall designate ~~the an~~ an auditor ~~of the same county~~ to serve as
28 auditor of the district health department. ~~The~~ A treasurer or
29 auditor of any county within the district may also serve in
30 the capacity of treasurer or auditor of the district health
31 department, respectively, or the district board may contract
32 with a third party to act as the treasurer or auditor of the
33 district health department. A county treasurer's and the or
34 county auditor's official bonds shall bond may extend to cover
35 their respective duties performed on behalf of the district

1 health department. ~~A county treasurer shall not serve in~~
2 ~~the capacity of district health department treasurer without~~
3 ~~consent from the county and agreement from the treasurer to~~
4 ~~perform this function, and a county auditor shall not serve~~
5 ~~in the capacity of district health department auditor without~~
6 ~~consent from the county and agreement from the auditor to~~
7 ~~perform this function.~~

8

EXPLANATION

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

11 This bill relates to public health, including the Iowa
12 public health modernization Act and the state and district
13 boards of health.

14 The bill amends provisions in Code chapter 135A (public
15 health modernization Act). The bill eliminates and amends
16 definitions used in the Code chapter and eliminates the
17 requirements for voluntary accreditation of designated local
18 public health agencies and the department of public health
19 and the required development and use of Iowa public health
20 standards.

21 The bill changes the size and composition of the
22 governmental public health advisory council to include a
23 maximum of 28 members and to specifically include 12 members
24 representing various subfields of public health from local
25 public health agencies and local boards of health from all
26 geographic areas of the state, at least two representatives
27 from academic institutions, at least one economist who has
28 demonstrated experience in public health, health care, or
29 a health-related field, and at least one research analyst.
30 The bill eliminates certain duties of the council and
31 prescribes additional duties including: (1) to develop and
32 implement processes for longitudinal evaluation of the public
33 health system including collection of information about
34 organizational capacity and public health services delivery,
35 (2) to determine what process and outcome improvements in the

1 governmental public health system are attributable to voluntary
2 accreditation, (3) to assure that the evaluation process is
3 capturing data to support key research in public health system
4 effectiveness and health outcomes, (4) to develop and make
5 recommendations for improvements to the public health system,
6 (5) to make recommendations for resources to support the public
7 health system, and (6) to annually submit a report on the
8 activities of the council to the state board of health by July
9 1.

10 The bill eliminates the governmental public health
11 evaluation committee which was established to develop and
12 implement the evaluation of the governmental public health
13 system and voluntary accreditation program, the specified
14 organizational capacity components and public health service
15 components of a governmental public health system, and the
16 governmental public health system and accreditation data
17 collection system which was to monitor the implementation and
18 effectiveness of the governmental public health system based on
19 the Iowa public health standards.

20 The bill eliminates directives to adopt rules that relate
21 to the provisions of the Act eliminated in the bill and also
22 eliminates the section of the Act that established a civil
23 penalty for a local board of health or local public health
24 agency fraudulently claiming accreditation. The bill also
25 makes conforming changes in the Code chapters relating to state
26 and district boards of health to reflect the changes to the
27 public health modernization Act.



Division I Background and Summary: Division I has three goals, 1) to remove code language that has become outdated, 2) to eliminate one of the two councils that were established under the code chapter, and 3) to retain the Fund that is being used to support quality improvement efforts in local public health agencies across the state.

Division I removes outdated language in 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 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?" However, the Modernization Act was never fully implemented. Instead, the focus shifted to quality improvement activities in local public health agencies. The state funding has been used for quality improvement projects at the local level as the Iowa Department of Public Health (IDPH) monitored accreditation activity at the national level.

At the time the Iowa Public Health Standards were developed there was not a national accreditation body for public health agencies. That has since changed. The [Public Health Accreditation Board](#) (PHAB) is now the national accreditation body for state and local public health departments and agencies. The Board established its process in September of 2011 – shortly after Iowa passed the Modernization Act. 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, like the Iowa Public Health Standards, therefore, the Iowa Modernization Act is now outdated. Since the Iowa accreditation system was never implemented, the proposed legislative changes will have little impact on local public health agencies.

The bill strikes the outdated language requiring the voluntary accreditation system to be implemented by IDPH. It also removes the outdated references to the Iowa Public Health Standards. The bill eliminates one of the two councils that were established under the Act. One was an advisory council and the other an evaluation committee. The evaluation committee would be eliminated and, with some additional members added, the advisory council will assume the roles of both groups and will assist IDPH in evaluating the public health system in Iowa.

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. Eliminates the evaluation committee and adds additional expertise to the advisory council. Twelve members will represent various subfields of public health and will be geographical dispersed throughout the state. The State Board of Health is added, in addition to the department, as a recipient of recommendations from the council in annual report due by July 1. The bill modifies the advisory 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: The goal of Division II is to remove inflexible red tape in Iowa Code Section 137, to increase flexibility for local decision making.

Many factors will impact the delivery of public health services now and in the future. The Affordable Care Act, Accountable Care Organizations (ACOs), workforce turnover in administrative positions in local agencies, an aging public health workforce, a trend toward voluntary national accreditation by the Public Health Accreditation Board (PHAB), decreases in federal funding, 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 changes coming down the pike for public health at the state and local levels. For more information please read the information that follows, titled "Public Health Challenges."

In response to these 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. The public health governance structure in Iowa is decentralized. This means that 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.

Iowa Code Chapter [137](#), Local Boards of Health, lays out a process for voluntarily 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 those requirements. The bill proposes to allow more flexibility for determining the district 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 have seats on the board. Removes the restriction of one county supervisor per county on the board. IDPH believes that the local participants should have more flexibility in negotiating and deciding the make-up of the district board.

Section 12 amends Iowa Code Section 137.106. Modifies a requirement in the counties' proposal that is required to be sent to the department. Currently, it must include an explanation of how a merger would increase organizational capacity to deliver public health services. However, it may be true that the merger is an attempt to attain capacity to meet the minimum threshold for service requirements. This is particularly true for smaller counties. The proposed change 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 an elected county treasurer serve as the treasurer for the district health department. The same requirement applies to an elected 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.

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Public Health Challenges

Affordable Care Act

The Iowa Department of Public Health's (IDPH) mission is "Promoting and Protecting the Health of Iowans". In addition to its role in population health promotion, emergency preparedness surveillance and response, IDPH supports a broad array of health-related services for Iowans through a varied network of local community-based "safety-net" provider contractors. These health-related services have historically included facilitative services like transportation and care coordination as well as direct healthcare services like immunization and vision screening.

Many of the Iowans who receive IDPH-funded direct healthcare services have been those who are uninsured or under-insured. As uninsured Iowans become enrolled in new health plan options available through the Iowa Health and Wellness Plan (IHAWP) and the Marketplace, IDPH anticipates that many of the direct healthcare services the Department has historically funded will become covered benefits under new plans, changing the demand for IDPH-funded services. IDPH continues to contract with the Milliman actuarial firm to better understand the impact of state level healthcare reform on certain IDPH programs and the healthcare services they have historically funded.

Accountable Care Organizations (ACOs)

Accountable care organizations (ACOs) are one model currently being tested throughout the country to improve quality of care and decrease costs. ACO success requires a population health management approach, which provides a tremendous opportunity for partnership with local, state, and territorial health agencies, whose primary focus is population health. For ACOs to be successful, and for any health system to be truly integrated, public health must be at the table. (Retrieved from www.astho.org)

Workforce turnover in administrator positions in local agencies

Local public health agency staff is currently experiencing a high level of retirements, turnover, and vacancies - especially at the administrator level. In a two year period of time 25% of local public health department administrators have retired or have notified IDPH that they intend to in the near future. As a governmental public health system, we lose that knowledge base and history. Some counties may take a different approach to how they deliver services as a result of this turnover.

Voluntary national accreditation by the national Public Health Accreditation Board (PHAB)

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of tribal, state, local, and territorial public health departments. PHAB's public health department accreditation process seeks to advance quality and performance within public health departments. Accreditation standards define the expectations for all public health departments that seek to become accredited. National public health department accreditation has been developed because of the desire to improve service, value, and accountability to stakeholders. (Retrieved from www.phaboard.org)

Decreases in federal funding

Since SFY 2012, IDPH has experienced net decreases in federal funding. The impact has been spread across many programs within the department and has directly impacted funding streams at the local level. This has led to essential strategic planning related to what core public health programs should be protected and what services are better provided by other entities in the community or other state agencies.

State Innovation Model (SIM) Initiative

The SIM Initiative will provide financial and technical support over a four-year period for Iowa to test and evaluate multi-payer health system transformation models. States must produce and implement a detailed and fully developed proposal capable of creating state-wide health transformation for the majority of care within the state. IDPH will be working with Iowa Medicaid and the Iowa Healthcare Collaborative on the establishment of learning communities to bring together providers and stakeholders statewide – including local public health agencies. This is based on a healthcare collaborative model to have partners look at the continuum of the delivery system to positively influence outcomes in communities. Specifically, the learning communities will focus on the public health issues of diabetes, tobacco use prevention, and obesity.

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Updated December 22, 2015



General Fund Reallocation Requests (No new funding is requested.)

The Iowa Department of Public Health (IDPH) is requesting that the following programs be supported by reallocations in the existing General Fund budget for the department:

- **Increase of \$74,059 to the PRIMECARRE Program.** (<http://idph.iowa.gov/ohds/rural-health-primary-care/primecarre>)
Issue: The number of applicants exceeds the existing funding for this popular program. The state funding is used to draw down federal funding at a rate of \$1:\$1. A reallocation of existing state funds is needed to draw down additional federal funds to increase the number of awards made.
Background: PRIMECARRE for use in repayment of education loans offers two-year grants to primary care medical, dental, and mental health practitioners. It requires a two-year practice commitment in a public or non-profit site located in a health professional shortage area (HPSA).
- **Increase of \$60,000 for the Certificate of Need (CON) Program.** (<http://idph.iowa.gov/cert-of-need>)
Issue: Additional funding is needed to support the administration of this Iowa Code-required program. The Program currently receives General Fund appropriations of \$79,052. Historically, another funding source has been used to fill current the budgetary gap of approximately \$60,000. However due to staff retirement, the alternative funding source is no longer an option. A budget gap has been created and a reallocation of existing funding is requested to fill it.
Background: For 23 years, the program benefitted from the institutional knowledge and expertise of one staff person who was able to serve dual roles as the department's administrative rules coordinator. The staff person retired in 2014. Since then, it has been clear that the job duties must be split into two positions. The administrative rules coordinator position and work will be fully funded using the department's indirect funds. A reallocation of existing General Funds is needed to fully fund the CON Program.
- **New allocation of \$47,000 to the Child Vision Screening Program.** (<http://idph.iowa.gov/family-health/child-health/vision-screening>)
Issue: A vision screening requirement for school-aged children was authorized in Iowa Code 135.39D and implemented during the 2015-2016 school year and a sustainable funding source is needed for the ongoing costs for the Program. Ongoing costs include staff time for data entry, reporting, and general oversight/compliance as well as hosting and maintenance costs for the IT software. Without a reallocation of existing General Funds, the future of the Program is in question.
Background: The Child Vision Screening Program was established in 2013 by Iowa Code Chapter 135.39(d). Funding was not provided for implementation or ongoing expenses. One-time funding sources have supported the build of the data collection software system and enrollment and training of providers, however, the department is unable to use these one-time funds for ongoing costs.
- **New allocation of \$74,389 for the Office of Minority and Multicultural Health (OMMH).** (<http://idph.iowa.gov/mh>)
Issue: The OMMH was established in 2006 by Iowa Code Section 135.12. Funding was not provided for this mandated Office. Several different federal funding streams have been used over the years to support the assigned staffing position. However, federal funding has been reduced in recent years and it has become increasingly difficult to find resources to support the Office. The future of the Office is in question without a reallocation of existing General Funds.
Background: A recent evaluation of the department identified gaps in the areas of health equity, policies and procedures, development and documentation of culturally competent initiatives, and cultural competency training across the department. This is due to the unfocused approach to funding this work. A reallocation is necessary to fully dedicate the work of the OMMH in addressing these gaps. Currently, whatever funding stream used to cover the costs dictates the type of work that is done. This is not a strategic way address health disparities.
- **New allocation of \$150,000 to fund the Office of the Chief Information Officer (OCIO) service charges (utility billings).**
Issue: A reallocation of existing General Funds is needed in order to fully execute the requirements of Executive Order 20 and the directives of the 2010 Government Reorganization and Efficiencies Act (2010 Iowa Acts Chapter 1031-SF 2088).
Background: IDPH has moved its data center to the OCIO in the Hoover Building, effective in 2015. This consolidation effort is in compliance with Executive Order 20 that ordered implementation of recommendations outlined in the Iowa Efficiency Review Report as well as requirements located in the 2010 Government Reorganization and Efficiencies Act. A dedicated funding source is needed to pay for the ongoing, monthly expenses charged by the OCIO under this new business model. This can be accomplished by a reallocation of existing General Funds.

The following programs and dollar amounts have been identified as a result of historical reversions to the General Fund. IDPH requests that this funding be reallocated in order to fund the aforementioned initiatives.



- **\$275,000 from the Gambling Treatment and Prevention Program.** This amount can be reallocated without decreasing the number of clients receiving problem gambling treatment and without decreasing provider rates. The current General Fund appropriation for FY 2016 is \$3.1 million.
- **\$25,000 from the Cervical and Colorectal Cancer Screening Program.** Subcontractors have reported difficulty in spending their contracted funding amounts for various reasons such as decreased activity due to increased access to insurance coverage under the Affordable Care Act. The current General Fund appropriation for FY 2016 is \$126,450.
- **\$105,448 from the Mental Health Workforce Stipend Program.** Approximately \$246,000 has been reverted from this Program since FY 2013 despite efforts to make it more attractive. IDPH recommends using part of this funding to increase support for the PRIMECARRE Program as mentioned in the first section of this memo. The funding may be better leveraged for other activities that benefit the mental health workforce through the PRIMECARRE Program as several professions with prescribing authority are eligible (i.e. primary care physicians practicing in general psychiatry, psychiatrists, psychiatric nurse specialists, and primary care physician assistants). The current General Fund appropriation for FY 2016 is \$105,448.

Historical Reversion for All Three Programs

Program	FY 2013	FY 2014	FY 2015	Three Year Total
Gambling Treatment and Prevention	\$371,525	\$453,457	\$597,378	\$1,422,360
Cervical and Colorectal Cancer Screening Program	\$0	\$68,381	\$88,988	\$157,370
Mental Health Workforce Stipend Program	\$70,299	\$70,299	\$105,448	\$246,046

Technology Reinvestment Fund

IDPH is requesting the following from the Technology Reinvestment Fund that is under the purview of the Transportation, Infrastructure, and Capitals Joint Appropriations Subcommittee:

- **\$500,000 for the second year of requested funding for the Maternal and Child Health database integration project.**
 - Project goals:
 - Integrate 5 program data collection systems across 8 programs in the Bureaus of Family Health and Oral and Health Delivery Systems.
 - To better support our stakeholders and to improve the outcomes of the families they work with.
 - All 8 programs impacted operate in all 99 counties and serve all children and pregnant women enrolled in Medicaid as well as low-income and uninsured or underinsured Iowans.
 - Currently the 5 systems function independently of each other, are not web-based, and cannot share data among users or with the public. The systems are aging and are costly to repair and present data security issues.
 - Features of the new system will include case management, referral management, risk assessment, billing, and client and population-level reporting.
 - The Governor recommended and the General Assembly approved the first year of this two year request in FY 2016.

Estimated Budget Total is \$3,500,000			
<u>State/Private Revenue Sources</u>		<u>Federal Match</u>	<u>Total Funds</u>
Total Requested State Appropriations	\$1,000,000	\$1,000,000	\$2,000,000
Title V Block Grant	755,000		755,000
MIECHV	250,000		250,000
State Dental Funding	35,000	35,000	70,000
1st Five Program	100,000	100,000	200,000
Oral Health CDC Grant	25,000		25,000
Delta Dental Foundation	100,000	100,000	200,000
Total Funds	\$2,265,000	\$1,235,000	\$3,500,000

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