Overview:
Currently Iowa Code chapter 137 governs local public health and its jurisdiction over public health matters within a county. Local boards of health are vital to the public health system since they oversee public health delivery at the local level where the majority of public health services are provided.

The chapter is being revised to align with the Public Health Modernization Act, codified during the 2009 legislative session. Chapter 137 was originally written in 1967 and revisions are necessary to ensure that local boards of health have the legal mechanisms in place to deliver public health services. This is especially important as local boards of health strive to meet the demands of the day-to-day needs of their jurisdiction as well as preparing for and responding to emergency situations like flooding, H1N1 influenza, or foodborne illnesses.

The revisions address legal barriers encountered by counties who have attempted to form a district board of health, for example, personnel issues such as health insurance, longevity, and accrued vacation.

Section-by-section:
Section 1. Title and purpose.
Retitles the chapter “Local Public Health Governance.”

Section 2. Definitions.
The revision changes the definition of “city board” to prohibit the formation of future city boards of health, and grandfathers in city boards of health in existence as of July 1, 2010. (The only two city boards of health currently are the city of Ottumwa and the city of Council Bluffs.) Five new definitions were added to assure alignment with the Public Health Modernization Act.

Section 3. Local boards of health -- jurisdiction.
Maintains current language regarding jurisdiction of local boards of health.

Section 4. Local boards of health -- powers and duties.
The revision combines sections 137.6 and 137.7 of the current chapter into one section. Revisions include the clarification that population-based services, as well as personal and environmental-based services are within the jurisdiction of local boards of health. Language has been updated regarding an individual being denied necessary services due to a lack of resources rather than personnel.

The environmental services subsection eliminates language regarding the disposal of solid waste and updates terminology related to the construction or operation of private water supplies and sewage disposal facilities to align with terminology used by the Department of Natural Resources.
Section 5. Local boards of health – membership and meetings:

Maintains that an MD or DO must serve as a member of a local board of health. The revision allows membership of the board to be greater than five; in the current 137, the county board of health is limited to only five members. The revisions more clearly outline district board of health membership. The board of supervisors from each county represented in the district will name at least one member from its jurisdiction to the board, and a single county cannot have any more board of supervisor members on the district board of health than any other county in the district. The revisions align quorum, conflict of interest, and reimbursement of board members requirements with the language pertaining to city and county boards of health.

Section 6. District boards of health – request to form.

Currently, IDPH is responsible for developing a plan that delineates which counties can partner to form a district. The revision places the responsibility for initiating a district with local health departments and states that any two or more geographically contiguous counties may submit a request to form a district board to the state department. A list of the required elements of the request is included. The state department makes a recommendation to the state board of health to approve the plan.

Section 7. Request reviewed by state department.

In the revision, IDPH is responsible for reviewing requests for the formation of district boards of health and IDPH makes a recommendation regarding the request to the state board of health which would formally approve the request. Currently, plans are to be reviewed and considered by the state board of health only.

Section 8. Initial appointment of district board of health.

The revision is similar to current language and states that the district board of health should be appointed upon notice of approval of the district. Current language referencing the reimbursement of expenses of board members has been moved to 137.104(f).

Section 9. Organizational structure of district board.

New language ensures that the district board of health will have the necessary legal structure to function as a governmental entity, separate from any one county that it represents.

Section 10. District Personnel.

Language allows counties to operate as district boards of health. The language included was developed by the IDPH assistant attorney general in consultation with county attorneys to address legal barriers identified by counties attempting to form a district.

Section 11. District treasurer and auditor.

Builds on current language by clarifying the responsibility of the selected treasurer to the district and adds information about the responsibility of an auditor.

Section 12. District public health fund.

Details the process a district board would undertake to set up a fund from which disbursements may be made. Additions to current language allow the district to retain no more than twenty percent of unexpended funds at the end of the fiscal year.
Section 13. Adding to district.
In the revised chapter, the request would be approved by both the district board of health and the state board of health. The state health department would make a recommendation to the state board of health to approve.

Section 14. Withdrawal from district.
Current chapter 137 only requires that a county withdrawing have approval of the district board and the state board prior to withdrawing. The revisions require that any county withdrawing present a plan for the continuation of public health services in its county. The district must prepare a plan to outline how it will operate when the withdrawing county is no longer a member of the district. Both plans will be submitted to the department of public health which will make a recommendation to the state board of health for approval.

Section 15. Dissolution of county boards.
This expands upon current language and states specifically that all property and equipment in the custody of the county board shall become property of the district board.

Section 16. Emergency request for funds.
The revision allows for the request to occur in the event of a public health disaster rather than in an emergency situation.

Section 17. Penalties – criminal and civil.
Revision expands the enforcement ability of a local board of health by allowing a local board to impose a civil penalty not to exceed $750 for each violation, or if the violation is a repeat offense a civil penalty not to exceed $1000 may be imposed.

No revisions were made to this section.

Section 19. Adoption of rules.
This section does not appear in the current Chapter 137, but is included in the revision to clarify that the state board of health will adopt rules in order to implement the chapter.

Section 20.
This section contains conforming changes to align the definition of a local board of health in Iowa Code Chapter 135I regarding swimming pools and spas with the proposed chapter.

Section 21.
This section contains conforming changes to align language about county board of health membership in Iowa Code 331.321 with language about the appointment of board of health members.

Section 22.
This section repeals the current Iowa Code Chapter 137 and replaces it with the language in the proposed bill.