

Regulatory Analysis

Notice of Intended Action to be published: 641—Chapter 77
“Local Boards of Health”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 137.119
State or federal law(s) implemented by the rulemaking: Iowa Code chapter 137

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 1, 2025
10 a.m.

Microsoft Teams
Meeting ID: 242 652 748 070 8
Passcode: k9m3He3u

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Health and Human Services no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

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Purpose and Summary

This proposed chapter describes the roles and responsibilities, organization, and procedures of local public boards of health, which contract with the Department to provide public health services at the local level.

Analysis of Impact

1. Persons affected by the proposed rulemaking:

• **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no costs associated with this rulemaking.

• **Classes of persons that will benefit from the proposed rulemaking:**

Iowa communities will benefit from having an organized system of public health services.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

• **Quantitative description of impact:**

There are 100 local public boards of health serving Iowans across the State. Local public health services are provided in all 99 Iowa counties through 98 county boards of health, one city board of health (Dubuque), and one district board of health (Siouxland).

• **Qualitative description of impact:**

Iowa communities will benefit from having an organized system of public health services.

3. Costs to the State:

• **Implementation and enforcement costs borne by the agency or any other agency:**

The Department incurs personnel and other administrative costs to implement the proposed chapter.

- **Anticipated effect on State revenues:**

This rulemaking has no impact on State revenues.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

Rulemaking is both required by law and appropriate.

5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

Not applicable.

6. Alternative methods considered by the agency:

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This rulemaking has no impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 641—Chapter 77 and adopt the following **new** chapter in lieu thereof:

CHAPTER 77
LOCAL BOARDS OF HEALTH

641—77.1(137) Definitions. For the purpose of these rules, the following definitions apply:

“*Core public health functions*” means the functions of assessment, policy development, and assurance.

1. **Assessment:** regular collection, analysis, interpretation, and communication of information about health conditions, risks, and assets in a community.
2. **Policy development:** development, implementation, and evaluation of plans and policies, for public health in general and priority health needs in particular, in a manner that incorporates scientific information and community values and in accordance with state public health policy.
3. **Assurance:** ensuring by encouragement, regulation, or direct action that programs and interventions that maintain and improve health are carried out.

“District” means the same as defined in Iowa Code section 137.102.

“District board” means the same as defined in Iowa Code section 137.102.

“District health department” means the same as defined in Iowa Code section 137.102.

“Environmental health services” means services focused on the environment to support population-based health services.

“Essential public health services” means those activities carried out by public health that fulfill the core functions.

“Local board of health” means the same as defined in Iowa Code section 137.102.

“Personal health services” means services focused on the care of individuals.

“Population-based health services” means services focused on the health status of population groups and their environments.

641—77.2(137) Local boards of health—roles and responsibilities. Public health is responsible for safeguarding the community’s health. This goal is pursued through three core functions: assessment, policy development and assurance.

77.2(1) Assessment: regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs, personal health services, and epidemiologic and other studies of health problems. A local board of health may perform the following essential public health services:

- a. Monitor health status to identify community health problems;
- b. Diagnose and investigate health problems and health hazards in the community; and
- c. Evaluate effectiveness, accessibility, and quality of personal, population-based, and environmental health services.

77.2(2) Policy development: exercise responsibility to serve the public interest in the development of comprehensive public health policies. This core function can be accomplished by promoting use of a scientific knowledge base in decision making about public health and by taking the lead in public health policy development.

- a. A local board of health may perform the following essential public health services:
 - (1) Develop policies and plans that support individual and community health efforts; and
 - (2) Research new insights and innovative solutions to health problems and health threats.
- b. A local board of health shall perform the following essential public health services:
 - (1) Enforce laws and regulations that protect public health and enforce lawful orders of the department;
 - (2) Make and enforce reasonable rules and regulations not inconsistent with the law or the rules of the department as may be necessary for the protection and improvement of public health; and
 - (3) Employ persons as necessary for the efficient discharge of the board’s duties. Employment practices shall meet the requirements of Iowa Code chapter 8A, subchapter IV, or any civil service provision adopted under Iowa Code chapter 400.

77.2(3) Assurance: assure constituents that services necessary to achieve agreed-upon goals are provided either by encouraging action by other entities (private or public sector), by requiring such action through regulation, or by providing services directly. Each local board of health must involve key policymakers and the general public in determining a set of high-priority personal and population-based health services. A local board of health may perform the following essential public health services:

- a. Link people to needed personal health services; provide such personal, population-based and environmental health services as deemed necessary for the promotion and protection of the health of the public; and charge reasonable fees for personal health services;
- b. Ensure the competence of the public health, environmental health, and personal health care workforce;
- c. Inform, educate, and empower people about health issues;
- d. Mobilize community partnerships to identify and solve health problems;

641—77.6(137) Request to form district board of health. The county boards of health of any two or more geographically contiguous counties may at any time submit to the department a written request to form a district board of health in accordance with Iowa Code section 137.106.

641—77.7(137) Review, approval or denial of district board of health formation.

77.7(1) Upon receipt of the application form and all information contained in rule 641—77.8(137), the department will review such information and shall determine, within 30 days, whether the required elements have been presented by the proposed district and will provide notice of approval of district board of health formation, including effective dates, to the county board of health of each county in the district and to the board of supervisors of each county in the district.

77.7(2) Upon receipt of the notice of approval of district board of health formation, each appointing authority shall, prior to the effective date of district board of health formation, appoint district board of health members as specified in Iowa Code section 137.105.

77.7(3) The department has the authority to deny formation of a district board of health if the application fails to conform with Iowa Code chapter 137 or this chapter.

77.7(4) The department will notify, in writing, all local boards of health in the proposed district of the reason and rationale for the denial of the district board of health formation within 30 days of the decision.

77.7(5) The local boards of health in the proposed district have the right to request reconsideration of the decision by submitting the request to the department within 30 days of receiving notice of the decision.

77.7(6) The department will reconsider the request by the local boards of health. The reconsideration shall not constitute a contested case hearing. The department's final decision following reconsideration shall constitute final agency action pursuant to Iowa Code section 17A.19, and judicial review of any such decision shall be treated as other agency action.

641—77.8(137) Adding to a district board of health. A county may be added to an existing district board of health by submission and approval of a request as specified in Iowa Code sections 137.106 and 137.107.

641—77.9(137) Withdrawal from a district board of health. A county may voluntarily withdraw from a district board of health by submitting a request for withdrawal to the department for approval. The request shall include a timeline and plan to reestablish a county board of health or to join a different district board of health to provide the core public health functions and essential public health services to the county's geographic area.

77.9(1) If the department approves the request for withdrawal of the applicant county from the district board of health, an effective date will be set for the action and the department will notify the district board of health and the board of supervisors of the applicant county.

77.9(2) The ownership of property and equipment shall follow the guidelines submitted in the original request to form the district board of health.

77.9(3) The remaining counties in the district shall submit an application including the information specified in rule 641—77.6(137) to the department for review as provided in Iowa Code section 137.107.

These rules are intended to implement Iowa Code chapter 137.