

Regulatory Analysis

Notice of Intended Action to be published: 641—Chapter 80
“Local Public Health Services”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 137.11

State or federal law(s) implemented by the rulemaking: Iowa Code section 137.11

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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321 East 12th Street
Des Moines, Iowa 50319
Phone: 515.829.6021
Email: compliancerules@hhs.iowa.gov

Purpose and Summary

This proposed chapter outlines the Department’s contracts with local public health agencies. The purpose of local public health services contracts is to ensure core public health functions are met, to ensure public health services are delivered, and to increase the capacity of local public boards of health to meet the unique needs of the populations they serve in order to promote health for the populations’ lifetimes.

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 proposed rulemaking.

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

Local public boards of health and the constituents they serve will benefit from this proposed rulemaking.

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:**

In SFY 2024, the Department allocated \$7,662,464 in local public health contract dollars to 99 counties.

• **Qualitative description of impact:**

Local public boards of health and the constituents they serve will benefit from this proposed rulemaking.

3. **Costs to the State:**

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

The Department and local public boards of health may incur personnel and other administrative costs to implement this rulemaking.

- **Anticipated effect on State revenues:**

This proposed 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 80 and adopt the following **new** chapter in lieu thereof:

CHAPTER 80
LOCAL PUBLIC HEALTH SERVICES

641—80.1(135) Definitions. For the purposes of these rules, the following definitions apply:

“Allocation” means the process to distribute funds.

“Appropriation” means the funding amount approved in the state budget.

“Contractor” means a local board of health.

“Core public health functions” means the same as defined in 641—Chapter 77.

“Elderly” means an individual aged 60 years and older.

“Essential public health services” means a framework for public health to promote and protect the health of all people in all communities.

“Formula” means the mathematical calculation applied to the state appropriation and granted to each local board of health pursuant to Iowa Code section 135.11(10) to determine the amount of available funds to be distributed to each county.

“Local board of health” or *“LBOH”* means a county or district board of health as defined in Iowa Code chapter 137.

“Low income” means the U.S. Census Bureau’s small area income and poverty estimates (SAIPE) used to determine low income.

“LPHS” means local public health services.

“Public health intervention” means an organized effort to promote behaviors and habits that can improve physical, mental, and emotional health for specific groups of people.

“Work plan” means the plan established by the contractor to identify the details for implementing core functions and essential public health services.

641—80.2(135) Contractor assurances. A contractor may directly provide or subcontract all or part of the delivery of essential public health services and public health interventions and will ensure the terms of its contract with the department are fulfilled, including the submission of an annual work plan.

641—80.3(135) Utilization of LPHS contract funding. A contractor may bill the department for staff time, salaries and benefits, and other necessary costs to implement the approved work plan.

641—80.4(135) LPHS funds.

80.4(1) Allocation for LPHS funds to each contractor is determined by the following formula:

a. Eighteen percent of the total LPHS funds will be divided so that an equal amount is available for use in each county in the state.

b. Eight percent of the total LPHS funds will be allocated to each county according to the county’s population based upon the published data of the U.S. Census Bureau, which is the most recent data available three months prior to the release of the LPHS application.

c. Forty-four percent of the total LPHS funds will be allocated according to the proportion of state residents who are elderly persons living in a county based upon the bridged-race population estimates produced by the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS).

d. Thirty percent of the total LPHS funds will be allocated according to the proportion of state residents who are low-income persons living in a county based upon the U.S. Census Bureau’s SAIPE.

80.4(2) The department will annually determine the potential for unused funds from contracts. Reallocation of the funds will be at the discretion of the department.

These rules are intended to implement Iowa Code section 135.11(10).