

PUBLIC HEALTH 101 FOR COMMISSIONERS

NEW PUBLIC HEALTH LAW

December 3, 2008

COLORADO PUBLIC HEALTH
IMPROVEMENT ACT

PURPOSE OF THE ACT

- Brings public health services into the 21st Century and fosters greater efficiency and effectiveness in public health practices. Encourages a state-wide basic level of public health services.

What has to be done at the County Level in 2009?

- By July 1, 2009, pass a resolution per 25-1-506(1), 25-1-508(2), 25-1-508(5)(c)I, 25-1-508(6)(b) designating the following:
 1. The county's public health agency
 2. Name of the public health director
 3. Appoint Board of Health members within 90 days after adoption of the resolution per 25-1-508-(1)
 - Appoint a medical officer
 - Board of Health shall hold meetings at least every three months per 25-1-508(4)(b)(I)

What has to be done at the County Level in 2009?

- Act as the local registrar of vital statistics or contract out the responsibility of registrar in the area over which the agency has jurisdiction per 25-1-509(2)(d)

What has to be done at the County Level in 2009?

- County Treasurer shall serve as the treasurer of the agency

What has to be done at the County Level in 2009?

- The Treasurer shall create a county or public health agency fund to which shall be credited any moneys appropriated from the county general fund and any moneys received from the State or Federal appropriations or any gifts, grants, donations or fees for local public health purposes

What has to be done at the County Level in 2009?

- Any money credited to a fund created pursuant to subsection 2 of this section shall be expended only for the purposes of this part 5 and claims or demands against the fund shall be allowed only if certified by the Public Health Director and the President of the County or District Board or any other member of the County or District Board designated by the President for such purpose per 25-1-511(1)(2)(a)(b)(3)

What else can be done in 2009 but is not required?

1. Reorganize or reauthorize the way services are delivered, such as:
 - Single county public health agency
 - District public health agency per 25-1-508(3)(a)(b)(c) and 25-1-513
 - Single county public health agency with contracts with other public health providers for specific services
 - Contract with a private non-profit agency
 - Single county contracts with another county for all public health services

What else can be done in 2009 but is not required?


2. Provide input to the State Board of Health about basic services that should be provided state-wide

What else can be done in 2009 but is not required?

3. Provide input to the State Board of Health on funding formula for distributing State and Federal money to local public health agencies per 25-1-512(1)(a)(b)(I)(II)(c)(2)

**What else can be done in 2009
but is not required?**

**4. Provide input to the
State Board of Health
about local director
qualifications**



Is this an unfunded mandate?

- No because the Act states the provision of services is subject to adequate appropriations being available to the county or district public health agency per 25-1-506III(3)(a)

Is this an unfunded mandate?

- “If a county or district board of health does not receive sufficient appropriations to fulfill all the duties described in paragraph (b) of this subsection (3) the county or district board shall set priorities for fulfilling the duties and shall include the list of priorities in its county or district public health plan submitted pursuant to section 25-1-506(1)XVI(c)

Is this an unfunded mandate?

- The Act also states a local plan must be developed as soon as practicable after December 31, 2009 per 25-1-505 and 25-1-509(2)(e)

Is this an unfunded mandate?

- County or district health agencies are required to contribute \$1.50 per capita in order to qualify for state assistance per 25-1-512(b)(I)&(II)

How will local controls be protected?

1. Provides greater authority for local boards of health
 - Requires the local public health agency to submit their public health plan to the local Board of Health for approval per 25-1-504(3)(b)I

How will local controls be protected?

2. Provides greater flexibility for County Commissioners in rural counties
 - In counties with a population of less than 100,000, Commissioners can serve as the Board of Health members or appoint community members who are not commissioners to serve on the local Board of Health per 25-1-508(2)(c) unless there is an existing Board of Health like Delta and Otero Counties

How will local controls be protected?

- Staffing – move from Nursing to Public Health professionals.

How will local controls be protected?

- Protects the authority and flexibility for county commissioners in the urban counties.

What specific improvements can county commissioners expect?

- For example, in some rural counties the health officer is a physician who needed additional liability insurance coverage to serve as the medical officer. The new act states “persons employed or under contract to act as a medical officer pursuant to this paragraph (c) shall be covered by the Colorado Governmental Immunity Act article 10 of title 24 C.R.S. for duties performed for the agency per 25-1-508(5)(c)(II)

What will happen in 2010 and beyond?

- The Colorado Department of Public Health and Environment will complete the state-wide public health plan by December 31, 2009 per 25-1-504(1)

What will happen in 2010 and beyond?

- After the State plan is completed and as soon as practicable, the local public health agency will need to complete a community health assessment

What will happen in 2010 and beyond?

- Create a county or district public health plan

What will happen in 2010 and beyond?

- Submit the plan for approval to the local Board of Health

What will happen in 2010 and beyond?

- Submit the approved plan to the State Board of Health for review per 25-1-505(I)

What will happen in 2010 and beyond?

- County or district public health agencies will need to:
 1. Comply with standards

What will happen in 2010 and beyond?

2. Provide a set of core services

What will happen in 2010 and beyond?

3. Hire a public health director who has specific qualifications all set by the State Board of Health per 25-1-503 and subject to adequate available appropriations per 25-1-506(3)(a)