Menu of State Public Health Department Accreditation Laws

About Public Health Department Accreditation

Public health department accreditation is the “measurement of health department performance against a set of nationally recognized, practice-focused, and evidenced-based standards” and the “issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.”¹ The Public Health Accreditation Board (PHAB) is a nonprofit organization that established a national public health department accrediting process and standards for state, tribal, local, and territorial health departments.² As of June 18, 2014, forty-four departments have received accreditation through PHAB, including six state health departments.³ At the state level, jurisdictions have also established an accreditation process for their local health departments independent of the PHAB accreditation process.⁴ This menu addresses state laws that reference health department accreditation and laws that reference funding of accreditation activities.⁵

Public Health Department Accreditation Laws

Seven states reference health department accreditation in their laws.⁶ Colorado, Maine, Ohio, Oregon, and Vermont specifically reference PHAB’s national accreditation process, while two states,

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⁴See, e.g., IOWA CODE § 135A.2; N.C. GEN. STAT. ANN. § 130A-34.1.
⁵Some states have health department programs that may function like an accreditation program but are not included in PHLP’s assessment. See e.g., Illinois certification program ILL. ADMIN. CODE tit. 77, § 600.100. Per Illinois law, “[a] Certified local health department is a local governmental agency that carries out the core functions of public health, assessment, policy development, assurance, within its jurisdiction.” ILL. ADMIN. CODE R. tit. 77, § 600.100(b). Other jurisdictions may have secured PHAB accreditation or state accreditation regardless of whether state laws require or encourage it.
⁶Seven states specifically reference the word “accreditation” for health departments in their statues or regulations. See e.g., 6 COLO. CODE REGS. § 1014-9:1.3; IOWA CODE § 135A.2; ME. REV. STAT. ANN. tit. 22, § 412; N.C. GEN. STAT. ANN. § 130A-34.1; OHIO ADMIN. CODE § 3701-36-03; OR. ADMIN. R. 410-141-3145; 18 VT. STAT. ANN. § 5.
**Iowa** and **North Carolina**, reference state-level accreditation for local health departments.⁷ Accreditation is referenced in state laws in various ways. For example, **Vermont** established a statutory mandate for the state department of health to “[s]eek accreditation through [PHAB].”⁸ **Colorado** established “minimum quality standards” for public health services,⁹ which are based on PHAB standards: “This rule uses national standards developed by [PHAB] as a basis to direct local public health agencies across Colorado to work toward a level of capacity and process that is indicative of a widely accepted definition of a well-functioning public health agency.”¹⁰

Similarly, **Ohio** law establishes “minimum standards” for its local health departments that require health districts to prepare a report that incorporates PHAB standards.¹¹ Per Ohio law, the minimum standards include “[c]ompletion and submission of the department’s on-line report which incorporates the PHAB standards.”¹² Ohio law also provides authority to the state’s director of health to mandate accreditation in the future: “[T]he director of health may require general or city health districts to apply for accreditation by July 1, 2018, and be accredited by July 1, 2020, by an accreditation body approved by the director. The director of health, by July 1, 2016, shall conduct an evaluation of general and city health district preparation for accreditation, including an evaluation of each district’s reported public health quality indicators.”¹³

Other states, such as **Maine** and **Oregon**, reference accreditation more generally. **Maine** tasks its district coordinating councils for public health to “help ensure the state public health system in each district is ready and maintained for accreditation.”¹⁴ **Oregon** law references accreditation not in terms of health departments but rather uses PHAB standards in a different setting, requiring Oregon’s coordinated care organizations to conduct a community health assessment and community health improvement plan.¹⁵ Coordinated care organizations can meet this requirement if they follow the “community health assessment and community health improvement plan requirements for local health departments of [PHAB].”¹⁶

**Iowa** and **North Carolina** have established state accreditation programs. **Iowa** law establishes a voluntary accreditation process defined as the “verification of a designated public health agency or the department that demonstrates compliance with the Iowa public health standards.”¹⁷ **North Carolina** also established standards for local health department accreditation, some of which include¹⁸

1. “An accreditation process that consists of the following components:
   a. A self-assessment conducted by the local health department seeking accreditation.
   b. A site visit by a team of experts to clarify, verify, and amplify the information in the self-assessment.

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⁷ *Id.*
⁸ 18 VT. STAT. ANN. § 5.
⁹ COLO. REV. STAT. ANN. § 25-1-503(1)(b); 6 COLO. CODE REGS. §§ 1014-9:1, 9:2, 9:3.
¹⁰ 6 COLO. CODE REGS. § 1014-9:1.3.
¹¹ OHIO ADMIN. CODE § 3701-36-03(A)(2).
¹² *Id.*
¹³ OHIO REV. CODE ANN. § 3701.13.
¹⁵ OR. ADMIN. R. 410-141-3145(4).
¹⁶ *Id.*
¹⁷ IOWA CODE § 135A.2(16).
¹⁸ N.C. GEN. STAT. ANN. § 130A-34.1(e).
c. Final action by the [North Carolina Local Health Department Accreditation] Board on the local health department’s accreditation status.

(2) The local health department’s capacity to provide the essential public health services, as follows:
   a. Monitoring health status to identify community health problems.
   b. Diagnosing and investigating health hazards in the community.
   c. Informing, educating, and empowering people about health issues.
   d. Mobilizing community partnerships to identify and solve health problems.
   e. Developing policies and plans that support individual and community health efforts.
   f. Enforcing laws and regulations that protect health and ensure safety.
   g. Linking people to needed personal health care services and assuring the provision of health care when otherwise unavailable.
   h. Assuring a competent public health workforce and personal health care workforce.
   i. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.
   j. Conducting research.

(3) The local health department’s facilities and administration.

(4) The local health department’s staff competencies and training procedures or programs.

(5) The local health department’s governance and fiscal management; and

(6) Informal procedures for reviewing Board decisions.”

North Carolina requires that “[a]ll local health departments shall obtain and maintain accreditation in accordance with this section.”

Financing Public Health Department Accreditation

Several state laws address financing for accreditation. Iowa requires the state department of health to fund administrative costs of implementing its accreditation program. Iowa law further states that “[t]he fund is established to assist local boards of health and the department with the provision of governmental public health system organizational capacity and public health service delivery and to achieve and maintain voluntary accreditation in accordance with the Iowa public health standards.”

North Carolina makes local health department eligibility for public health funding contingent on local health department obtaining and maintaining accreditation: “In order for a local health department to be eligible to receive State and federal public health funding . . . a local health department shall obtain and maintain accreditation.”

Ohio’s “minimum standards” for local health departments incorporate PHAB standards. Ohio law also requires that “[e]ach health district must meet the minimum standards to receive any state subsidy funds” and that the subsidy funds formula “shall provide no subsidy funds to a board or

19 Id. at § 130A-34.1(e).
20 Id. at § 130A-34-1(f).
21 IOWA CODE § 135A.8(1).
22 Id. at 135A.8(2).
23 N.C. GEN. STAT. ANN. § 130A-34.4(a)(1).
25 Id. at 3701-36-03.
department unless it meets minimum standards and shall provide higher funding levels for boards and districts that meet optimum achievable standards.”

**Conclusion**

Additional information on legal approaches to implementing public health department accreditation and accreditation prerequisites:


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*This menu includes accreditation laws available on WestlawNext as of September 19, 2013.*

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26 **Ohio Rev. Code Ann. § 3701.342.**