

# The Iowa County



May 2018

Creative Placemaking  
Public Health is Health Care  
2018 Elections Primer



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## FEATURE - Public Health is Health Care 4-5

Kathy Backcock

## FEATURE - Creative Placemaking 6-7

Bill Peterson

## Capitol Comments 8

Lucas Beenken

## Legal Briefs 9-11

Kristi Harshbarger, Beth Manley

## Health Plans 12-13

Brad Holtan

## IPAC 14

Tammy Norman

## ICACMP 15

Molly Steffen

## ISAC Wellness Program 16

Molly Hill

## Miscellaneous 17-19

## Calendar of Events 21



Iowa State Association of Counties

### ISAC's Mission:

To promote effective and responsible county government for the people of Iowa.

### ISAC's Vision:

To be the principal, authoritative source of representation, information and services for and about county government in Iowa.

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# Affiliate Feature - Public Health

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## Public Health is Vital Part of the Health Care System of Today

Public Health is a critical element in the health care system. The responsibility of local public health departments is to protect and promote health and prevent disease and injury. Public health services are population-based and are focused on improving the health status of the population. To accomplish their mission, public health agencies balance the core health functions, essential services, and the prevention-based services and activities. A local health department's unique role is determining if these functions and services are present and ensuring their delivery.

Certain core functions and essential services are important to assure the health of the community that resides in the department's service area. No other public entity assesses threats to the community from communicable and chronic diseases, poor access to health care or use of health promotion practices, and failure to protect the environment. To meet these challenges, local public health departments require assistance from local units of government, the state of Iowa, and the federal government in addition to activities and support from the private, as well as non-profit sectors and individual citizens.

There are many core services that all public health departments are required to maintain in order to be in good standing with state statute or regulation. They are listed below:

- Enforcement of Public Health Regulations
- Surveillance of Public Health
- Communicable Disease Control
- Public Health Education
- Public Health Policy
- Families and Children Risk Reduction
- Disaster Preparedness
- Family Planning
- Prenatal Care
- Well Child Care
- Women, Infants, and Children (WIC)
- Adult Preventive Services
- Chronic Disease Monitoring and Support

These core services are often grouped into three basic areas by the Institute of Medicine – assessment, assurance, and policy development. While these terms are not well known; many of the functions that are provided under these three areas are familiar to most people. First, assessment is evaluating what the local public health department has in the community's collective resources, assets, gaps, and challenges. Local public health departments not only bring the community's perspective, but they are legally mandated to represent the interests of all residents in a jurisdiction. Assessment is monitoring health status to identify community health problems, diagnosing and investigating health problems and health hazards in the community and evaluating effectiveness, accessibility, and quality of personal and population-based health services.

Secondly, the goal of policy development is creating, enforcing, and revising laws, regulations, and policies to improve health and quality of life. Local public health departments have the ability to analyze and draw conclusions about local data gathered through assessment. Departments then make relevant recommendations to boards of health and other elected officials. Effective policy requires local identification, familiarity with, and responsibility for priorities based on needs and community resources. The timely, appropriate application of knowledge and the scientific basis for the field of public health provides a foundation for balanced and thoughtful decisions. Setting immunization standards for children is an example of public policy development.



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# Affiliate Feature - Public Health

Third, assurance covers those activities that deal with making sure people's health needs are safely and effectively met. For example, government's role in regulating, through licensure and inspection, falls under this heading. Programs that provide education to both health care providers and the community are part of assurance as well. Local health departments allocate resources in areas of highest priority in the community. Funding provides a safety net for individuals in need of clinical, health promotion, health protection, and/or environmental services.

In addition to the three functions of the local health department, there are also three operational components that are crucial for departmental excellence and maximum responsiveness to the daily needs of citizens. These components are a strong organizational base, and qualified staff that are well rounded and trained in various health aspects. These components result in rapid and appropriate response to disasters from water contamination, poor planning, bio-terrorist incidents, other imminent dangers, and outbreaks of disease.

The Essential Public Health Services provide the fundamental framework for the National Public Health Performance Standards Program instruments by describing the public health activities that should be undertaken in all communities. In today's public health system, governing entities play a key role in linking health departments with the communities they serve. Without strong public health protection, living in Iowa could very different. Less than 100 years ago, the average lifespan was just around 48 years of age. Why? Lack of sewers and septic tanks causing unsafe drinking water; no vaccinations which caused widespread sickness with higher medical costs; no restaurant inspections, so food was unsafe to eat; and kids didn't have safe places to play as toxic waste was just a step away.

Listed above is what local public health departments are authorized to do. The Iowa Department of Public Health provides general supervision of the state's public health. The department and local boards of health have both contractual and statutory relationship. Iowa law defines local boards of health responsibilities. The department provides funding to local boards of health through a variety of contractual agreements; these agreements often stipulate reporting requirements. Local boards of health are autonomous in some areas, as Iowa is a home rule state. There are times when a local board will seek state approval for some activities.

The health of Iowa communities can be improved. Ten essential service elements must be present and performing well in each community for improvements to occur. A strong operational base, qualified staff, and access to technology are the foundation of any local health department. Local health departments are essential to perform assessment, policy development, and assurance roles for the state in order for the future of the state in providing healthy communities for all Iowan citizens.

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# Feature - NACo News

## Like a Bug to Light

Have you ever wondered why a bug is attracted to light? It seems there is a behavior called transverse orientation that some insects use to navigate by flying at a constant angle relative to a distant light source, such as the moon. However, around man made lights, such as a campfire or your porch light, the angle of the light source changes as the insect flies by. Not surprisingly, they become confused and fly into the light.

When it comes to new ideas, I guess maybe I am like those bugs impacted by transverse orientation. I was invited to a workshop at the end of March held in Des Moines by the National Association of Counties (NACo). The workshop was titled “Creative Counties Placemaking Challenge: A Training and Peer Exchange.” I am not suggesting I was confused, but I must admit, this seemed like a new idea, and I was drawn to it. As it turns out though, this isn’t a particularly new idea, it was just new to me.

So, what is it? I found this description after a Google search. “**Creative Placemaking** is an evolving field of practice that intentionally leverages the power of the arts, culture, and **creativity** to serve a community’s interest while driving a broader agenda for change, growth, and transformation in a way that also builds character and quality of place.” The workshop brought together county and arts leaders from seven counties with populations under 250,000 from diverse parts of the country to discuss solutions to their local community’s economic development challenges.

The seven counties were asked to form multidisciplinary teams and had to apply through a competitive process. The teams selected came from Haines Borough, Alaska; Pottawattamie County, Iowa (pictured right); Lafayette Parish, Louisiana; Sullivan County, New Hampshire; Athens County, Ohio; McKinley County, New Mexico; and Iron County, Utah.

The program started off at the Des Moines Art Center with a welcome from Iowa Lt. Governor Adam Gregg. Then Jay Dick, Americans for the Arts, and Linda Langston, NACo Director of Strategic Relations and Past President, outlined the workshop goals and agenda. Each group was invited to the stage to introduce themselves and their challenge. While I think NACo did a great job of selecting a diverse group, one commonality that was clear from the group presentations, the teams had tremendous pride in and love for their communities regardless of the challenges they faced. I am not an expert in this area, but I absolutely believe that whether a group was trying to save, rebuild, improve, or just engage their community, having that pride and love seems like a necessary starting point. My other observation on the group presentations - I now have seven more places I feel like I must visit.

Next on the agenda was an exercise to help the teams identify a set of core values and shared vision. This was a great exercise led by Linda Langston and Tracy Tritle, CEO, Tritle Consulting Group. Each participant was given twelve cards. Each card had a value listed. In no order, they were the following:

*Health (physical and mental well-being)*  
*Family Security (taking care of loved ones)*  
*Inner Harmony (freedom of inner conflict)*  
*Mature Love (sexual and spiritual intimacy)*  
*An Exciting Life (a stimulation, active life)*  
*National Security (protection from attack)*

*Freedom (independence and free choice)*  
*A Comfortable Life (a prosperous life)*  
*Salvation (saved; eternal life)*  
*Pleasure (an enjoyable, leisurely life)*  
*A Sense of Accomplishment (a lasting contribution)*  
*A World at Peace (a world free of war and conflict)*

Individuals were given time to prioritize their own values, then the groups were required to agree to a set of value priorities for their team. There were some interesting negotiations going on trying to arrive at those core values for the team. Eventually each team settled on a set of three or four commonly held values. This was a good place to start given the work they would do together over the next two days and continue once they returned home. What would be your top three?

Day one concluded with a case study of the Bricker-Price Block development in Earlham, Iowa and a reception at the Des Moines Art Center. Sharon Krause, President, Bricker-Price Block Board of Directors, detailed the process used in redeveloping a part of Earlham’s



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# Feature - NACo News

main street into a social hub for the community. If you go on I-80 west from West Des Moines for 18 miles and then go a mile south, you will find Earlham – it would be worth your drive. After a warm welcome from Polk County Board Chair Angela Connolly and Jeff Fleming, Executive Director of the Art Center, participants were treated to a tour.

Unfortunately, I got waylaid in the office and missed Chuck Fluharty's presentation at the start of day two. Chuck is the President and CEO at the Rural Policy Research Institute. Chuck has a long history of helping teams set strategic goals related to rural development. After Chuck, there were three sets of concurrent sessions discussing data and tools, neighborhood revitalization, funding strategies, mapping assets and social networks, community planning, and community engagement. I want to briefly describe two that I attended.

The session on mapping social networks was fascinating to me. Kim Didier, Executive Director, Des Moines Area Community College Business Resources Center, described the process of mapping social networks and how it was used to help in the revitalization and recovery in Newton, Iowa after acquisition and closing of all Maytag facilities by Whirlpool in 2006. Social network mapping is a tool for examining and analyzing the social connections between people or groups of people. The maps then help identify influential people or groups, illustrate patterns, or examine the networks relationships and interactions.

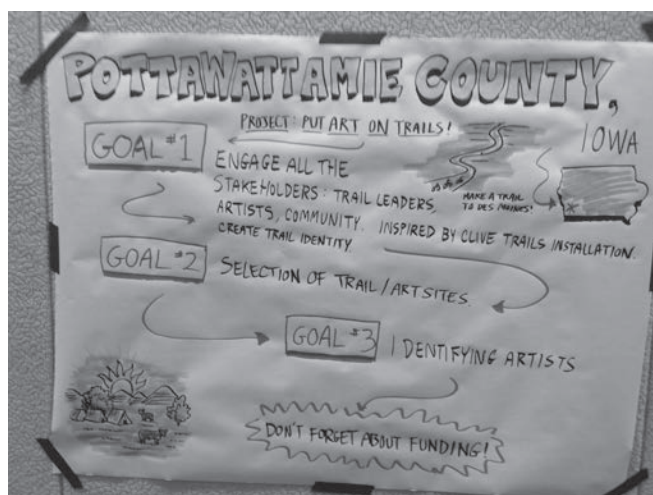
The second session I want to mention was on Community Planning led by Zach Mannheimer, Principal Community Planner, McClure Engineering Company. Zach tells a fascinating story about how he ended up in Des Moines, Iowa. I am not sharing this story because I want to get Zach to our ISAC Annual Conference in August 2018. I want him to tell his story then. I know every Iowa community is looking to attract people to join their community, and this is a great story on how that happens, or could.

During and after lunch, each team discussed their challenges and strategies based upon the new information gained during the morning sessions. Afterwards, everyone jumped on a bus for the three mobile tours planned for the afternoon and evening. First, a tour of Clive, Iowa's city art collection which they have incorporated at various strategic points in their community. This is a poor commentary on my perceptual awareness. One piece of art that we learned about on the tour was called "Radiance". This is unbelievable. I have driven by this artwork at least 500 times and didn't notice it. Second stop was Mainframe Studios in Des Moines. This is a project to rehab a former office building into a permanent and affordable workspace for artists of all disciplines. An exciting venue that you may get to see sometime soon. Finally, the group closed out the day with a reception and tour of the Des Moines Social Club. I discovered a lot about Des Moines and surrounding communities that was surprising.

Day three began with Chuck Fluharty, Zach Mannheimer, and Alex Holland, Senior Advisor for the Delta Regional Authority, presenting a case study on the Delta Creative Placemaking Initiative. After their presentation, teams moved into the final team strategy session for the workshop. Teams were provided with a template, and they had to finalize their local implementation plans and identify one member to report out the team's completed plan to the group. The pride and love felt for their communities again came through as each group reported. During the morning presentations and strategy session, Nathan Wright, a local artist and illustrator, was preparing an illustration of for each community that captured each group's report in both words and illustrations. This was a very creative way to incorporate art into the process. A photo of the Pottawattamie County illustration is below and you can see the other 6 reports on ISAC website.

It was interesting to observe and listen to the implementation plans developed by each team aimed at resolving the challenge(s) they expressed on that first day. And as the team recounted their plans, I thought it was obvious that learning had taken place – and team development. Although, I won't deny that I had a better sense of what this whole placemaking concept was all about – so maybe I was only projecting what I learned. I can't necessarily promise this is true for all communities in America, but I believe these seven teams are going to do everything in their power to make their communities the best places for themselves and their fellow citizens. I look forward to visiting their "places" and seeing the results firsthand.

A short postscript. This workshop was a collaboration of the NACo and Americans for the Arts. For every piece of art, there are some artists. Two NACo artists that did a lot of work and were mostly behind the scenes at this event doing all the logistics and other stuff that must be done for an event to be successful were Sanah Baig, Program Director, and Jenna Moran, Program Manager. Note to MC, they were amazing.



# Capitol Comments

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## 2018 Elections Primer

At the time of this writing, the legislative session is winding down and legislators will soon be hitting the campaign trail. Each even year all 100 seats in the Iowa House of Representatives and half of the 50 seats in the Iowa Senate are up for re-election. Iowa's six statewide elected offices will be on the ballot this cycle, and as with every General Election, Iowa's four Congressional seats are on the ballot. This month's Capitol Comments will serve as a primer for the June 5 Primary Election and November 6 General Election.

Currently, Republicans hold majorities in both state legislative chambers with 29 of 50 members in the Senate and 59 of 100 members in the House of Representatives. Of the 25 Senate seats on the ballot, 10 are currently held by Republicans, 14 by Democrats, and one by an Independent. Of those, five will be open races with three Democrats and two Republicans not seeking re-election. Of the 100 House seats on the ballot, 15 will be open races with three Democrats and 12 Republicans not seeking re-election. Of note, Senator Matt McCoy is not seeking re-election as he is running for the Democratic nomination for a seat on the Polk County Board of Supervisors. Of those not seeking re-election in the House, Representative Kristi Hager is running for Allamakee County Supervisor, Representative Todd Taylor is running for the Iowa Senate, and Representative Abby Finkenauer is running for the Democratic nomination in the First Congressional District. Also of note, House Majority Leader Chris Hagenow is moving to and running in a different district, thus opening his district.

There will be seven contested primaries for Senate seats, including two incumbent Republicans being challenged, four Democratic primaries in open seats, one Republican primary for an open seat, and a contested Republican primary for a chance to face Independent Senator David Johnson in November. Several races for the Iowa Senate will feature current and former county officials and employees, including some incumbents up for re-election. Senator Tony Bisignano, former Polk County Human Resources Director, is running unopposed in both the primary and general. Senator Joe Bolkcom, a former Johnson County Supervisor, and Senator Kevin Kinney, a former Johnson County Sheriff's Deputy, will both run unopposed in the primary but face competition in the general. Former state Representative Dave Dawson, a prosecutor in the Woodbury County Attorney's Office, has no opponent in the primary and will face Senator Jim Carlin in the general. Former Woodbury County Supervisor Jackie Smith is vying for an open seat and will have an opponent in the general. And Chris Cournoyer, a reserve deputy in Scott County, will challenge Senator Rita Hart in the general.

There will be 25 contested primaries for House seats, including two incumbent Republicans and one incumbent Democrat being challenged. Of the remaining primaries, 14 are for the party nomination for an open seat and eight are for the chance to challenge an incumbent. As with the Senate, several races for the Iowa House will feature current and former county officials and employees. Representative Michael Bergan, a former Winneshiek County Supervisor, Representative Mary Gaskill, a former Wapello County Auditor, Representative Andy McKean, a former Jones County Supervisor, and Representative Scott Ourth, a former Warren County Public Affairs Director, will all run unopposed in their primaries but will face challengers in the general. Representative Todd Prichard, a former prosecutor with the Floyd County Attorney's Office, is running unopposed in the primary and general. Representative Jerry Kearns, a former Lee County Supervisor, is not seeking re-election. Challengers this election cycle include retired Hancock and Winnebago Counties public health nurse Debra Jensen challenging Representative Tedd Gassman in the general, special deputy for the Linn County Sheriff's Office Eric Gjerde taking on Representative Ashley Hinson in the general, Tama County Emergency Management and 911 Coordinator Mindy Benson competing in the Democratic primary for a chance to face Representative Dean Fisher, and Paula Denison, a former employee with the Johnson County Attorney's Office competing in the Democratic primary for an open seat.

At the statewide level, Governor Kim Reynolds, a former Clarke County Treasurer, will seek her first election to the office she ascended to last year with the departure of Governor Terry Branstad. She will face the winners of a six person Democratic and two person Libertarian primary election. State Auditor Mary Mosiman, a former Story County Auditor, will seek re-election and face a challenger in the general.

This article is meant to be an overview of the 2018 primary elections, but for more information and specifics about the races in your county please visit the Secretary of State's website, <https://sos.iowa.gov>, for a complete listing of candidates for every state and federal office. Please take every opportunity to talk to legislators and candidates about county issues and of course remember to get out and vote.



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## Common County Legal Questions...With a Twist

Part of what I like about my job here at ISAC is that it's always interesting, and I'm always learning something new. Recently, I had two questions come up that are along the lines of questions I receive frequently, but the particular questions each had a unique twist that changed my "standard" response. I thought I'd share my responses here, in case your county ever runs into a similar situation. And keep your unique questions coming my way, I like being kept on my toes!

### **Q: Can elected officials decide the portion of a health insurance premium that their deputies will pay?**

I get a lot of questions that I consider "county structure" questions, basically looking at who has the authority to make what determinations as it relates to county employees.

My standard answer as it relates to most employee policies is this:

While there are a lot of practical administrative reasons to want everyone working for the county to follow the same procedures, county government is unique in that it is not a top down management structure. County government is set up as a horizontal infrastructure, as opposed to a vertical infrastructure, and it involves getting several quasi-independent offices and departments to work together. There is an Iowa Attorney General opinion (2000 WL 33258481 (Iowa A.G.)) and case law (*see McMurry v. Lee County Board of Supervisors*, 261 N.W.2d. 688 (Iowa 1978)) that limit a Board of Supervisors' ability to impose personnel policies on deputies of other elected officials and there are arguments that could be made to say the same is true of various county departments that are governed by quasi-independent county boards. The only way Boards of Supervisors can accomplish county-wide policies is to work with the elected officials and departments to have them either adopt the same policies or agree to comply with the same policies. There are lots of good policy reasons for a county-wide employee manual, but the only way a Board of Supervisors can accomplish that is by achieving consensus among the elected officials and the other county departments with quasi-independent boards. And of course, always involve your county attorney in this process. But what about specifically in the context of health insurance premiums? The county, through the board of supervisors, contracts for health insurance, and the premiums are set by the insurance company in that contract. Then, the county must decide what percentage of those premiums are paid by the employees. Iowa Code Chapter 509A.3 states the "governing body" sets the amount paid by the government body and the employees. Governing Body is defined as the Board of Supervisors for purposes of counties and Chapter 509A. Thus, that particular benefit appears to be within the purview of the Board of Supervisors. An Iowa Attorney General Opinion corroborates this – "It is our view that a county board of supervisors, as the governing body of the county, is authorized to determine whether group insurance will be provided to county officers and employees and to fix the amount of the cost which will be paid by the county. This conclusion is based upon a review of Iowa Code chapter 509A and prior opinions of this office." (Iowa AG 1994 WL 68691)

Arguably, if an elected official wanted to cover more of a deputy's insurance premium than the amount set by the Board of Supervisors, the elected official could raise a deputy's salary by that amount (so long as that raise was in the elected official's budget and didn't result in the deputy's salary going over the 80 or 85% limitation, as applicable, in Iowa Code §331.904). Authority for this option is also found in an Iowa Attorney General's opinion – *see* Iowa AG 1986 WL 627780.

### **Q: Can we hold a public meeting at a library or a school where a registered sex offender would not be allowed to attend?**

I often get questions about when, where, and how to properly conduct an open meeting, but this was not a question I had considered before. Iowa Code §21.4(1)(b) requires public meetings to "be held at a place reasonably accessible to the public" (emphasis added). A library or a school would seem to meet this standard, as it would be accessible to most. It is also worth noting that wherever the meeting is held, persons on the sex offender registry may not be able to attend if there are children in the audience. You should talk to your county attorney and sheriff to consider how to handle this situation if it were to arise. A teleconference, Skype or webinar option might be considered, not necessarily just for cases such as this, but persons that cannot attend in person, for other reasons.



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# Legal Briefs

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## HIPAA and Jail Diversion

There is a national push to divert individuals with serious mental illness from jails and to make sure they receive proper care. Case studies have shown that individuals with mental illness are more likely to stay in jail longer and become repeat offenders. Individuals are more likely to stay out of jail if they receive proper care for their mental illness. This idea is called jail diversion and you can find more information about jail diversion programs in the February 2016 issue of The Iowa County magazine, and at <https://stepuptogether.org>.

Several counties in Iowa have implemented or are currently implementing jail diversion programs. Jail diversion programs are often a joint effort between various county offices. Law enforcement, public health, county attorneys, and community services are some of the offices that might get involved. For a jail diversion program to be effective, law enforcement officers need to have information about an individual's mental health history. Officers can collect mental health information two ways: (1) collect information on their own based on previous encounters with individuals; or (2) get information from the individual's health care provider. Mental health information could come from other county offices or health care providers in the community. There are no privacy laws that prevent officers from collecting information based on their own encounters with individuals, but there are state and federal privacy laws that prevent covered entities from openly sharing information with officers. However, there are several exceptions within the various privacy laws that allow certain information to be shared.



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## Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) is the overarching federal law that protects individuals' protected health information (PHI). Generally speaking, HIPAA requires a covered entity to get the individuals written consent before sharing any of their PHI unless it falls under an exception. Written consent isn't always easy to get if an officer is trying to get PHI about an individual they are responding to a call about or if they are currently in custody. There is good news. HIPAA contains two exceptions that allow covered entities to share PHI with law enforcement (when it comes to jail diversion). 45 CFR 164.512(k)(5) allows a covered entity to share PHI with law enforcement if an individual is in lawful custody, and 45 CFR 164.512(j) allows a covered entity to share PHI with law enforcement in order to "prevent or lessen a serious and imminent threat to the health or safety of a person or the public."

The U.S. Department of Health and Human Services (HHS) published a question and answer document that answers the question of whether a covered entity can collect, use, and disclose criminal justice data under HIPAA. You can find the document by clicking [here](#). One question in particular answers the question of when a covered entity may share health information with law enforcement in the context of pre-arrest diversion. Here is the answer:

**Calls for service dealing with attempted suicide or a mental health complaint.** Sometimes a family will call 911 for law enforcement response for a family member in a mental health crisis. Other times, a business owner or a bystander calls to report unusual behavior (which often is an individual in crisis) and responding officers would benefit from knowing if the individual has a mental health condition. This type of information may enable officers to employ crisis intervention and de-escalation techniques that could reduce the likelihood of injury to both officers and individuals in a mental health crisis.

HIPAA permits a health care provider to share PHI with law enforcement, in conformance with other applicable laws and ethics rules, in order to "prevent or lessen a serious and imminent threat to the health or safety of an individual or the public." 45 CFR 164.512(j). For example, if an individual makes a credible threat to inflict serious and imminent bodily harm, such as threatening to commit suicide, a provider may share with law enforcement the information needed to intervene. The provider may rely on a credible representation from a person with apparent knowledge of the situation or authority, such as a law enforcement official, when determining that the disclosure permission applies. See: <http://www.hhs.gov/hipaa/for-professionals/faq/505/what-does-the-privacy-rule-allow-covered-entities-to-disclose-to-law-enforcement-officials/index.html>

**Other general calls:** An officer is trying to determine whether an individual has a mental illness, substance abuse problem, or both, and needs to gain information about his or her condition in order to decide whether jail, emergency room, or some other program is needed.

If the individual is in lawful custody, a health care provider may disclose PHI to law enforcement pursuant to 45 CFR 164.512(k)(5) if the official represents that the information is needed to provide health care to the individual or to provide for the individual's health and safety or the health and safety of the officers.

If the individual is not in lawful custody (see 45 CFR 164.512 (k)(5)), nor is a threat to self or others (see 45 CFR 164.512(j)), these provisions would not apply and the provider would need to obtain an authorization from the individual before disclosing PHI to law enforcement, unless another HIPAA provision applies (*e.g.*, escaped inmate, apprehension of an admitted perpetrator of violent crime, etc.). See <http://www.hhs.gov/hipaa/for-professionals/fq/505/what-does-the-privacy-rule-allow-covered-entities-to-disclose-to-law-enforcement-officials/index.html> for additional provisions that may apply depending on the particular situation.

We note that substance use disorder treatment information may be subject to additional protections under 42 CFR part 2.

Even though HIPAA might allow a covered entity to share PHI with law enforcement, there are more restrictive state and federal laws covered entities have to comply with.

## **Iowa Code §228 - Mental Health Information**

Iowa law is more protective than HIPAA when it comes to mental health information, and there are few exceptions that allow a covered entity to disclose mental health information without obtaining written consent from the individual. There is a relatively new exception that allows covered entities to share mental health information without a release for purposes of care coordination (Iowa Code §228.2(1)). Care coordination is defined in Iowa Code §135D.2 as “the management of all aspects of a patient’s care to improve health care quality.” This definition is really broad, and it is unclear if sharing mental health information for purposes of jail diversion would fall under the definition of care coordination.

## **Iowa Code §125 - Substance Related Disorders**

Iowa law is also more protective than HIPAA when it comes to substance abuse information, and there are few exceptions in this rule. Iowa Code §125.37(3)(b) does contain the same care coordination exception as Iowa Code §228 but goes on to say any person that shares substance abuse information with law enforcement will be found guilty of simple misdemeanor (Iowa Code §125.33(6)). A covered entity is allowed to share substance abuse information with law enforcement with the written consent of the individual receiving care.

## **42 CFR Part 2 - Confidentiality of Substance Use Disorder Patient Records**

42 CFR Part 2 is a federal law that applies to certain federally assisted substance abuse treatment programs and prevents those programs from disclosing substance abuse treatment information. There are very few exceptions to this law and most disclosures will require an individual’s written consent.

If your county or region is interested in sharing PHI with a jail diversion program I recommend contacting your county attorney to make sure you comply with all state and federal privacy laws. Contact me if you have any questions.



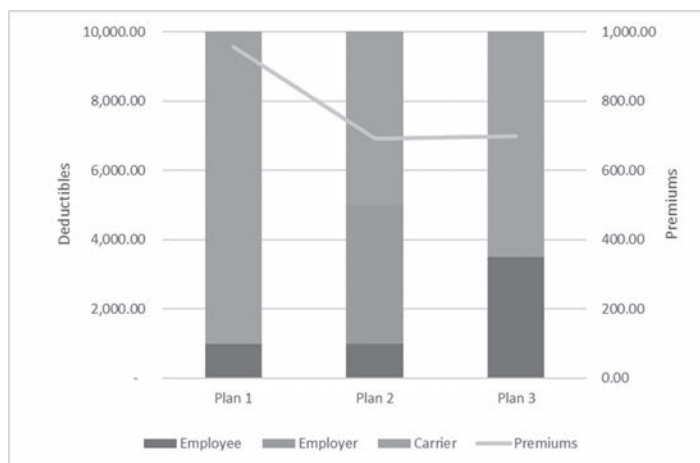
# Program Services - ISAC Group Benefits

## Health Insurance Questions Answered

Health insurance tends to be the costliest employee benefit for an employer. Medical costs continue to rise while the cost of prescription drugs (mainly specialty drugs) is skyrocketing. As I have traveled the state participating in health insurance renewal meetings, I have come to the realization that there are still a lot of questions to be answered. Questions such as: how can I structure our health insurance plan so that we can minimize or stabilize the cost without sacrificing the benefits? What's an HSA? Or, what's an HRA?

There are a lot of factors that go into the cost of premiums set by the insurance carrier. Please keep in mind that this article is going to simplify the factors for the purposes of this illustration. The numbers and examples will not include network design, co-pays, out-of-pocket maximums, drug benefits, etc. and will highlight single plans only (not family plans, although the information would be similar). Simply put, the amount of risk an employer assumes correlates to the cost of premiums.

Look at the following chart. Plan 1 has an employee deductible of \$1,000. Plan 2 has a deductible of \$5,000 but is partially self-funded down to the \$1,000 employee deductible. Plan 3 is a high deductible plan paired with an HSA (Health Savings Account) with the deductible set at \$3,500. If you look at the carrier's risk (gray shaded area), it correlates with the premiums. The more risk the carrier assumes, the higher the premium.



Let's look at the different plans and how the risk correlates to the premiums. Plan 1 is a standard fully-insured plan. This plan has a \$1,000 single deductible. The employer assumes no risk, while the insurance carrier assumes most of the risk over \$1,000. Since the carrier assumes most of the risk, the premiums are the highest of the three plans.

Plan 3 is a Qualified High Deductible Health Plan paired with an HSA. This plan is different from most plans as the employee assumes 100 percent of the risk up to the deductible of \$3,500 in this example. After the \$3,500 deductible has been met by the employee, the carrier covers everything else at 100 percent. Since the carrier is assuming all risk over \$3,500, the premiums are a little higher than plan 2, which has a deductible of \$5,000.

Since the employee must cover the first \$3,500, a qualified high deductible health plan is typically paired with an HSA (Health Savings Account). An HSA is an individually-owned bank account that is typically set up with assistance through the employer. Employees contribute to this account tax-free and if the funds are used for medical, dental or vision purposes, there is no tax liability upon withdrawal. An employee is more apt to be open to this type of plan if: 1) the employer contributes funds into their HSA account, and/or 2) the employee has a history of being healthy and likely won't have a lot of doctor visits. Thus, if an employer offers an HSA, the employee has an opportunity to save tax-free dollars that they either received from their employer or contributed themselves that they can set aside for future HSA eligible-expenses.

**Is an FSA and a cafeteria plan the same thing?** An FSA (Flexible Spending Account) and cafeteria plan are two different things. The definition of a cafeteria plan is "a reimbursement plan governed by IRS Section 125 which allows employees to contribute a certain amount of their gross income to a designated account or accounts before taxes are calculated." Think of the cafeteria plan as the umbrella that allows your employees to contribute pre-tax dollars into an FSA account and pay their share of health insurance premiums with pre-tax dollars (or any other pre-tax benefits for that matter). If you don't offer an FSA, you, as an employer, are still required to establish a cafeteria plan so the employee can pay health insurance premiums with pre-tax dollars.

**Is an FSA and HSA the same thing?** An FSA and HSA are similar only in the fact that employees can contribute funds pre-tax into the account and use the funds for medical purposes. An HSA is a personal savings account that rolls over from year to



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# Program Services - ISAC Group Benefits

year. An FSA account is a “use it or lose it” account that is employer-sponsored. Depending on how the employer sets up the account, an employee may carry over \$500 for the entire next plan year or have a grace period to incur claims against the prior plan year for up to two and a half months. Another difference is that you can only contribute to an HSA if the employer offers a qualified high deductible health plan. An FSA can be set up anytime, regardless of the type of Medical plan in place, but must be for limited purpose if offered in conjunction with an HSA.

Getting back to the chart, Plan 2 is also a standard plan but has a much higher deductible of \$5,000. The premiums are lower because the carrier assumes most of the risk over \$5,000 instead of \$1,000 like plan 1. I have seen a lot of counties move towards this type of plan and then partial self-fund down the deductible. What does that mean? Partial self-funding down the deductible is a way for the employer to assume some of the risk to lower the premiums charged by the carrier, while allowing the employee to keep the lower deductible of \$1,000. In this example, the employee would cover the first \$1,000 of their partially self-funded deductible, the employer would then cover a portion of the next \$4,000 in conjunction with the employee (depending on what the out-of-pocket maximum is set at for the employee) and any remaining coinsurance once that employee’s liability has been met. The premium for this plan is considerably lower than plan 1, but the employee sees no change; the employer just assumes more of the risk.

**How does partial self-funding work?** Looking at the chart, let’s say that in the current year, the employer offered Plan 1 and the premium was \$950. In the next year, the employer decides to offer plan 2, with a premium of \$700, and partial self-fund down the deductible. The employer would continue to pay the current year premiums of \$950 into an HRA (health reimbursement account) fund. Then, out of that HRA account, the employer would pay the actual premiums to the insurance company (\$700), any claims that are between the \$1,000 employee deductible and the \$5,000 plan deductible, and any premiums that are owed to the third-party administrator who is handling the HRA administration and claims processing on behalf of the employer (usually a per member per month amount). At the end of the month, this account could have a little less than \$250 per single policy (assuming no claims).

**Why would an employer assume some of the risk?** By assuming some risk and not adjusting the premiums from the prior year, the assets could grow in the HRA assuming that the population is fairly healthy. On average, 20% of employees will use the entire deductible, thus creating a balance in the account. Continuing with our example, let’s say the premiums go up 10% the following year and are now \$770. That is still lower than the \$950 premium being charged to the employee. So rather than passing along a 10% increase to the employees, the county may be in a position to use some of the HRA funds that were saved in the previous year to lower the employee’s increase to 5% or offer no increase at all if the balance in the HRA is large enough. The HRA account allows the employer the flexibility to set the premiums being charged to the employee while maintaining a rich benefit.

As you can see, the amount of risk the employer assumes has a significant impact on the premiums being charged by the carrier. However, not all employer groups are in a position to assume risk and may be better in a fully-insured situation. Whatever your current situation is, ISAC and our partner Kingston Life and Health, would enjoy an opportunity to talk with your group to discuss your current benefits and determine if there is a more suitable option for your group. Please contact me at [bholtan@iowacounties.org](mailto:bholtan@iowacounties.org) or by phone at 515.244.7181 if you have any questions or would like us to visit with your group.

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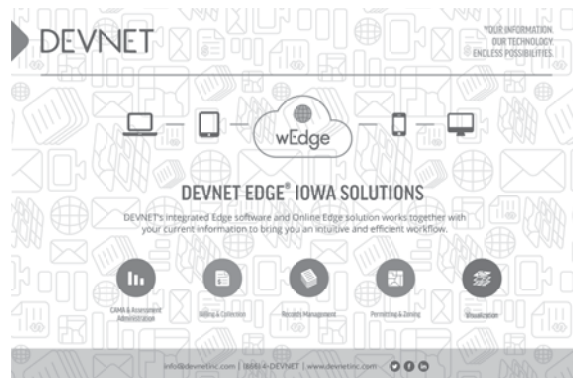
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# Program Services - IPAC

## Precinct Atlas Program Update

On January 1, 2018 the Iowa Precinct Atlas Consortium (IPAC) contracted with ISAC to manage and support the election management system of Precinct Atlas. The program was originally created by Cerro Gordo County and Ken Kline, former Cerro Gordo County Auditor beginning with a special election in 2009. IPAC purchased the rights to the software program on July 1, 2013. Cerro Gordo County continued to manage and support the program until December 31, 2017. The program is currently operational in 77 counties with Guthrie and Ringgold counties joining in April 2018.

The Precinct Atlas program, an electronic election system, was created to guide precinct election officials (PEOs) through the appropriate procedures for each voter casting a ballot using complex election laws. It allows PEOs to determine a voter's eligibility, the correct polling location, update their address and/or name, a provisional ballot, and Election Day registrations. The IPAC Board reviews election law changes, and with the assistance of the Secretary of State's office, ensures that the software is compliant with Iowa's election laws and administrative rules.

Beginning in January 2018, voters in Iowa are required to show a form of ID to prove identity. This year is a "soft" rollout of the law, meaning that if a voter comes to the polls without the proper ID, they are required to sign an oath of identity. In 2019 the voter must show the proper identification to vote; however, no voter will be turned away. If a voter lacks the proper identification, they can vote a provisional ballot and bring in the correct identification to their county auditor's office by a specific date to ensure that their vote will count. The Precinct Atlas software prints out a form instructing the voters of this information, which is just one more reason the program is a tremendous asset to not only the precinct officials but to the voters.

Currently, IPAC membership is gearing up for the upcoming Primary Election which will be held on June 5. New Administrative Rules require electronic poll books conform to security standards of hard drive encryption of data at rest and data in transit. Each member has been furnished with instructions and assistance to accomplish laptop password protection and encryption. The software program is encrypted to ensure the security of the voter information it stores which has no connection to the actual ballot counting or election results. Precinct Atlas is an electronic pollbook that replaces the paper registry books that were used for years, and in some counties, still are used.

IPAC is in the process of creating manuals, tutorials, and PEO training materials to assist its member counties. In the future, webinars and in-person trainings will be held to assist the membership with major software changes and/or enhancements. ISAC is pleased to have the opportunity to be assist IPAC with the support and management of this important program. Please check back for future articles related to the IPAC program.



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# Program Services - ICACMP

## Partnering Through On-site Visits

The Iowa County Attorney's Case Management Project's (ICACMP) on-site visit service provides us with a great opportunity to meet all of you and to learn more about how your office is utilizing Prolaw, the legal case management software developed by Thomson Reuters.

A major component of the on-site visit is to partner with you to stay connected. By traveling to your work environment, we are able to work together, side-by-side, allowing us to better understand your needs in order to help provide solutions to your questions. When conducting the on-site visit, we aim to trouble shoot any issues you might be experiencing, to gain an understanding of how your office is utilizing Prolaw, and to share tips and shortcuts we have learned along the way. It also provides us the opportunity to address your training needs, to provide updates on the Project, and to serve as your liaison with Thomson Reuters. We have witnessed how extremely busy your offices are, and we want to be respectful of your time, so when scheduling the on-site visits, here are a few recommendations to help make the most of our time together:

- Jot down a few things that you would like to discuss;
- If you are able, email us questions in advance; and
- Include screen shots if experiencing any issues/errors.

Pre-planning will allow us to research and trouble shoot ahead of time which will ensure a timely resolution. Even if you are unable to do any pre-planning, we are more than happy to cover any questions you have during the visit. If we are not able to find a solution during the visit, we will be sure to submit a support ticket to our team back at the office or directly to Thomson Reuters to conduct further research on your behalf. Following each on-site visit, we will follow up with a written summary report that includes recommendations and solutions for future reference. Our goal is to conduct at least one on-site visit with each office annually, but we are certainly willing to visit more frequently if requested.

We greatly appreciate all of you as partners and look forward to continuing serving your office needs in the future. Please reach out to any of us with questions, comments, or suggestions at any time. Our contact information is: Andrea Jansen, Program Manager, [ajansen@iowacounties.org](mailto:ajansen@iowacounties.org); Bailey Krebs, IT Specialist, [bkerbs@iowacounties.org](mailto:bkerbs@iowacounties.org); and Molly Steffen, Support Coordinator, [msteffen@iowacounties.org](mailto:msteffen@iowacounties.org).



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# Program Services - ISAC Wellness

## ISAC Wellness Program

The ISAC Wellness Program's goal is to provide awareness, education, and behavior change programs to employees that will lead to healthier behaviors and lifestyles.

Counties that participate in the ISAC Health Insurance Pool also have the opportunity to participate in the ISAC Wellness Program. Currently, all 23 counties participate. The ISAC Wellness Program runs on a calendar year basis, January through October, and counties have the opportunity to earn a premium discount up to 5% on their next fiscal year's health insurance rates.

We have revamped the 2018 program to target health trends we have been seeing. This year we have partnered with Naturally Slim to run a pilot program. Naturally Slim is an online, 10 week program that teaches you when and how to eat to improve your health. We received an astonishing 371 applications for the program and were able to accept 250 individuals from across the counties. Through the first five weeks we have had about 80% continuous participation and lost a whopping 1,341.7 lbs. as a group! Sixty percent completion from a county's selected individuals will result in the county earning one point towards its wellness discount.

Along with Naturally Slim, ISAC has provided three TAVi programs to the wellness committees. These programs focus on sleep habits, financial health, and exercise. The counties may choose to use the programs provided or be creative and come up with some of their own. Sixty percent participation in at least two ISAC approved programs will earn the county two points towards its wellness discount.

The last two points a county may earn is if 60% of its insured staff complete an annual physical and an online wellness assessment. Some may notice that an annual physical is a more specific requirement than in years past. We are encouraging staff to create a lasting relationship with their primary or family physician. Family physicians often know your personal and family medical history and may catch something a specialist may not be aware of. To complete the WebMD wellness assessment staff will need their Wellmark ID number to log into the Wellmark Wellness Center portal.

The ISAC Wellness Program also provides \$50 per insured contract to each county to promote and/or incentivize employees' participation. Counties may use this money by requesting reimbursement for approved expenditures. Many counties also have outside funds to promote their programs or give part of the money saved by earning the wellness discount back to employees. Contact me if you have any questions at [wellness@iowacounties.org](mailto:wellness@iowacounties.org).



**Molly Hill**

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# Miscellaneous

## IPERS Update

I recently had the opportunity to attend a Trustees and Administrators Institute sponsored by the International Foundation of Employee Benefit Plans organization. Since we had attendees from 22 states and two Canadian Provinces, it was a chance to get a real sense of the status of other pension plans across the United States and Canada.

We listened to reports from states who have pension benefits that are unaffordable and unsustainable, some that will need federal government intervention. It is important to note that when IPERS experienced 12 years of underfunding between 2000 and 2012, the Iowa Legislature addressed the funding mechanism for IPERS. In 2008 changes were made that would bring our funding in line with our benefits. We have a contribution rate structure now that secures our system. IPERS has a plan that will complete full funding of our benefits, and we will continue to be cautious about any changes that affects our plan.

So, can we relax because our plan is stable and our benefit structure is secure? The concept that any discussion or proposal for updates is a threat to our system is not prudent. Our plan was allowed to experience 12 years of underfunding because we avoided making changes for several years. I believe it is desirable and prudent, even necessary, to continue the conversation and explore possible improvements. Updates should not create panic when the goal is to make our plan more stable and secure.

At our March IPERS Board meeting, we received an extensive report from CEM Benchmarking regarding the administrative costs experienced by IPERS. The operating cost of IPERS was compared to other similar plans across the United States, and it was reported that the "cost per annuitant" at IPERS was \$55.00. That was well below the average cost of \$99.00 for comparable plans. This comparable low administrative cost indicates that we have an efficient system of delivering benefits.

I will leave you with this thought: The goal of a defined benefit retirement plan is not to make you *rich* when you retire, the goal is to prevent you from becoming *poor*. We currently have more than 140 members receiving IPERS benefits who are over 100 years old. IPERS has never missed a monthly benefit for any of these retirees. We intend to keep IPERS secure and dependable as a defined benefit for all our 350,000 members.



**Wayne Walter**

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# Miscellaneous

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## **Public Risk Pools: Membership = Ownership**

Nationally, public entity risk pools have increasingly become the preferred source of local governments for coverage of both expected and unexpected losses. More than 30 states now sponsor or endorse public entity risk pools that provide coverage for a variety of exposures from property, liability and workers' compensation, to health and employee benefits. Since pool members/participants have ownership in the process, coverage is designed to meet their specific needs, and they have a vested interest in the performance of their pool.

The success of local government pooling organizations is an excellent testament to what can be accomplished when local governments work together toward common goals.



## **Q: What is governmental entity pooling?**

The concept of pooling governmental risks was born during the insurance crisis of the late 1970's and early 1980's when market conditions forced standard insurance carriers to stop insuring what they deemed to be high-risk municipal business. Even a smaller city with an excellent loss history represented greater risk than insurers were willing to assume. This resulted in a call for action by cities across the nation.

Iowa was one of the first states to identify a solution for its municipalities. In 1976, the Iowa League of Cities (League) Executive Board appointed a committee to study the issue and recommend a course of action. Over the next four years, committee members worked with both insurance agents and local insurance companies but were unsuccessful in attempts to create any type of municipal program.

Then in 1980, with the market becoming even more difficult, discussions turned to the possibility of pooling. This arrangement would allow cities to pay premiums into a "pool" from which their claims would be paid. By July 1, 1981, the Iowa Municipalities Workers' Compensation Association (IMWCA) was organized and ready to accept municipal members.

In the meantime, counties were experiencing the same difficulty acquiring coverage and approached the League and IMWCA about membership in the association. As a result, the 28E Agreement was restated to include counties as municipalities, making them eligible for membership beginning July 1, 1987. In the 1990s, other entities organized according to Chapter 28E, as well as other political subdivisions, were deemed eligible for membership in IMWCA.

As of this writing, IMWCA membership has grown to 524, including 359 cities, 78 counties, and 87 other political subdivisions. An additional 10 counties also participate in a pool, bringing the total number of counties in Iowa that participate in pools to 88. This matches recent data from the Association of Governmental Risk Pools, which shows that nationally 80 percent of local governments participate in some form of pooling.

## **Q: How are pools governed and run?**

What is unique and attractive about pooling is that the members govern the organization and have a stake in the process. Their ability to govern allows them to make choices that create rate stability and ensure coverage availability regardless of economic conditions and cycles.

Pool members accomplish this through an elected board of directors or trustees. IMWCA is governed by a nine-member board of trustees, all of whom are elected or appointed officials of member entities. Four of IMWCA's Trustees are from counties, and their first-hand knowledge and experience with local government operations guides the decisions they make for the pool.

While governance is generally provided through a board comprised of elected and appointed officials, the administration of member services is handled in different ways depending on the structure of the pool and its relationship with the state league. The League was instrumental in creating IMWCA, and thus, has always been the overall administrator of the program.

# Miscellaneous

The IMWCA Board meets with League administrative staff throughout the year to review and approve operations, set policy and make decisions regarding pricing and program changes. At each meeting, staff provide comprehensive reports and makes recommendations for the Board's consideration. In addition, IMWCA financials are audited annually and available online, and an actuarial evaluation of rates and unpaid claim liabilities is performed each year.

## **Q: What are some of the advantages of pooling?**

In addition to being governed by members of the pool, who are appointed by the members, pools often provide savings to pool members in comparison with traditional insurance options due to the non-profit statuses of the pools.

Finally, because pools are comprised of governmental entities, they are also in the unique position to tailor their services to the specific needs of their members, like providing safety programs unique to exposures of local governments.

## **Q: What kind of safety programs do pools offer?**

Pools in general place great emphasis on risk management, or safety, and work with members to successfully implement programs in these areas. Preventing an injury is generally far less costly than helping an injured worker heal, and IMWCA is committed to helping member's employees return home safe at the end of each day. That's why pools, including IMWCA, work together with members to create safety programs and provide guidance and personal assistance in their implementation. Many training and education programs, both online and in classroom settings, are also available to IMWCA members at no cost.

*Learn more about the Iowa Municipalities Workers' Compensation Association, which is endorsed by ISAC, at [www.imwca.org](http://www.imwca.org).*

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# 2018 Calendar

## May 2018

- 16-18 Treasurers Conference  
(Burlington)  
23-25 NACo WIR Conference  
(Sun Valley, Idaho)

## June 2018

- 10-14 Iowa County Attorneys Spring Conference  
(Okoboji)  
12-15 ITAG Conference  
(Sheraton, West Des Moines)  
20-22 Records Summer School  
(Gateway Hotel and Conference Center, Ames)  
27 ISAC Board of Directors Meeting  
(ISAC Office)

## July 2018

- 12-13 ICEA Midyear Conference  
(Ames)  
13-16 NACo Annual Conference  
(Nashville, Tennessee)  
25-27 Auditors Annual Conference  
(Iowa City)

## August 2018

- 21 ISAC Scholarship Golf Fundraiser  
(Toad Valley Golf Course, Pleasant Hill)  
22 ISAC LPC Retreat  
(Veterans Memorial Community Choice Credit  
Union Convention Center, Des Moines)  
22-24 ISAC Annual Conference  
(Veterans Memorial Community Choice Credit  
Union Convention Center, Des Moines)

## September 2018

- 16-19 ISSDA Jail School  
(Holiday Inn Des Moines Airport)  
20 ISAC LPC Meeting  
(ISAC Office)

## October 2018

- 3-5 ISAC Board of Directors Retreat  
(Johnson County)  
3-5 Iowa Environmental Health Association Fall Conference  
(West Des Moines Marriott)  
21-24 Assessors Fall Conference  
(Holiday Inn Des Moines Airport)  
24 Iowa Stepping Up Summit  
(Hy-Vee Hall, Des Moines)

## November 2018

- 15-16 ISAC Board of Directors Meeting  
(ISAC Office)

## December 2018

- 2-5 ISSDA Winter School  
(Holiday Inn Des Moines Airport)  
12-14 Iowa County Engineers Conference  
(Veterans Memorial Community Choice Credit  
Union Convention Center, Des Moines)

If you have any questions about the meetings listed above or would like to add an affiliate meeting to the ISAC calendar, please contact Kelsey Sebern at [ksebern@iowacounties.org](mailto:ksebern@iowacounties.org).

## 2018 ISAC Preferred Vendors

### Endorsed Elite Preferred Vendors

County Risk Management Services, Inc.  
representing ICAP and IMWCA  
Kingston Life and Health

### Elite Preferred Vendor

IP Pathways

### Endorsed Platinum Preferred Vendors

Iowa Public Agency Investment Trust  
(IPAIT)  
Wellmark Blue Cross Blue Shield of Iowa

### Platinum Preferred Vendors

Election Systems & Software  
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Matt Parrott/ElectionSource  
MidAmerican Energy  
Northland Securities, Inc.  
"Solutions," Inc.  
The Schneider Corporation  
Tyler Technologies

### Gold Preferred Vendor

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Dorsey & Whitney LLP  
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Houston Engineering Inc.  
ImageTek-Inc.  
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Purple Wave Auction, Inc.  
Speer Financial, Inc.  
The Sidwell Company  
Vanguard Appraisals, Inc.  
Wells Fargo  
Ziegler CAT

### Silver Preferred Vendors

Cott Systems, Inc.  
Midwest Peterbilt Group  
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### Endorsed Preferred Vendors

National Association of Counties (NACo)  
Nationwide Retirement Solutions  
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email: [timothyj@kingstonlifeandhealth.com](mailto:timothyj@kingstonlifeandhealth.com)



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# All county representatives are invited to attend ICAP's 2018 Educational Summit

Thursday, June 14, 9 AM - 4 PM

## Featuring comprehensive presentations on **Communication and Your Public Entity**

and two separate tracks to help your county get the most from the event.

**View the agenda below and visit [www.icapiowa.com](http://www.icapiowa.com) to register now!**

### **FULL GROUP**

**Introduction + Real-World Claim Scenarios: Why This is Important**  
Kasi Koehler and John Baum, ICAP  
10:00 AM - 10:30 AM

**Crisis Management, The Media and Your Public Entity**  
Patrick Dix (Keynote Speaker), SHAZAM  
10:30 AM - 11:30 AM

### **TEAM TRACK**

**The Wedge: Improving Workplace Relationships**  
Gerry Preciado, 34th Street Consulting  
11:45 AM - 12:45 PM

### **HR TRACK**

**Gender in the Workplace: Discrimination 101**  
Beth Coonan, BrownWinick Attorneys at Law  
11:45 AM - 12:45 PM

### **LUNCH**

**Civility and Discrimination in the Workplace**  
Beth Coonan, BrownWinick Attorneys at Law  
1:30 PM - 2:30 PM

**The Wedge: What's It Doing to Your Team?**  
Gerry Preciado, 34th Street Consulting  
1:30 PM - 2:30 PM

### **FULL GROUP**

**Panel Discussion: Everything Else Attendees Want to Know**  
Patrick Dix, Beth Coonan, Gerry Preciado and John Baum  
2:45 PM - 4:00 PM

Registration is open now and offered on a first-come, first-served basis. Please note attendance is limited and advance registration required,. A maximum of one HR representative per county permitted to participate in the HR track. Please visit the ICAP website or contact Kasi Koehler via 1-800-383-0116 with any questions.

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