

### Regulatory Analysis

Notice of Intended Action to be published: Iowa Administrative Code 641—Chapter 177  
“Health Data”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 1996 Iowa Acts, chapter 1212 and Iowa Code section 135.166

State or federal law(s) implemented by the rulemaking: Iowa Code chapter 135

### Public Hearing

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

November 28, 2023  
10 a.m.

Via video/conference call:  
[meet.google.com/nkg-jzin-yvp](https://meet.google.com/nkg-jzin-yvp)

### Public Comment

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

Joe Campos  
Phone: 515.304.0963  
Email: [joe.campos@idph.iowa.gov](mailto:joe.campos@idph.iowa.gov)

### Purpose and Summary

This proposed rulemaking provides that hospitals must submit data to a selected contractor of Iowa HHS. The contractor serves as an intermediary of Iowa HHS and completes data collection, maintenance, and dissemination to Iowa HHS and on Iowa HHS’ behalf. It also allows Iowa HHS to charge fees for administrative costs related to providing data and requires data be kept confidential in compliance with state and federal law.

### Analysis of Impact

1. Persons affected by the proposed rulemaking:
  - Classes of persons that will bear the costs of the proposed rulemaking:  
Individuals do not bear any cost of this rulemaking.
  - Classes of persons that will benefit from the proposed rulemaking:  
All Iowans will benefit since this is a complete dataset representative of all incidents requiring inpatient or outpatient care.
  
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 is no quantitative impact associated with this chapter.
  - Qualitative description of impact:  
Availability of data allows for evaluations and analyses of acute and chronic conditions to improve public health, improve the quality of health services in Iowa, and design public health programs and interventions. It also allows for data availability to provide aggregate and statistical data to partners and the public.

## 3. Costs to the State:

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

No costs to the State are identified. Minimal personnel time is allocated to maintaining this dataset and all work fits into other duties as assigned.

- Anticipated effect on state revenues:

No impact has been identified.

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

Nominal costs are absorbed into other duties as assigned, and less information would be available to quantify health-related needs of Iowans if this rulemaking did not exist.

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

HHS is collecting health data in accordance with the requirements of the Iowa Code. A less costly method has not been identified to achieve the purpose of this rulemaking.

## 6. Alternative methods considered by the agency:

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

HHS implements health data collection in accordance with the requirements of the Iowa Code and Iowa Acts.

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

Identified alternatives have not been seriously considered because any alternatives are anticipated to require additional HHS resources for implementation.

### *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?

Not applicable.

### *Text of Proposed Rulemaking*

ITEM 1. Rescind 641—Chapter 177 and adopt the following **new** chapter in lieu thereof:

#### CHAPTER 177 HEALTH DATA

**641—177.1(76GA,ch1212) Definitions.** For purposes of this chapter, the following definitions shall apply:

*“Confidential record”* means a record which is not available as a matter of right for examination and copying by members of the public under applicable provisions of law. Confidential records include records or information contained in records that the agency is prohibited by law from making available for examination by members of the public, and records or information contained in records that are specified as confidential by Iowa Code section 22.7, or other provision of law, but that may be disclosed upon order of a court, the lawful custodian of the record, or by another person duly authorized to release the record. Mere inclusion in a record of information declared confidential by an applicable provision of law does not necessarily make that entire record a confidential record. Included in the definition are those data collected by the department, pursuant to 1996 Iowa Acts, chapter 1212, for preparation and dissemination as compilations.

*“Record”* means the whole or a part of a “public record” as defined in Iowa Code section 22.1, that is owned by or in the physical possession of this agency.

**641—177.2(76GA,ch1212) Description of data to be submitted.**

**177.2(1)** The department shall collect information from other state agencies for the purpose of public dissemination of health data.

**177.2(2)** Hospitals shall submit data to the contractor selected through the request for proposal process, which shall serve as an intermediary for the department. The information shall include inpatient, outpatient and ambulatory information.

**177.2(3)** The contractor selected through the request for proposal process shall collect, maintain, and disseminate hospital inpatient, outpatient, and ambulatory information pursuant to a memorandum of understanding with the department. The contractor selected through the request for proposal process shall submit data to the department pursuant to the memorandum of understanding.

**641—177.3(76GA,ch1212) Fees.** An hourly fee may be charged for fulfilling a data request. The hourly fee shall not exceed the estimated hourly wage of the department employee fulfilling the data request.

**641—177.4(76GA,ch1212) Patient confidentiality.** The department shall protect patient confidentiality. Confidential records or parts of such records collected as a part of this process shall be kept confidential. All health data shall be collected, maintained, and disseminated only in accordance with Iowa and federal law.

These rules are intended to implement 1996 Iowa Acts, chapter 1212, section 5, and Iowa Code section 135.166.