

Regulatory Analysis

Notice of Intended Action to be published: Iowa Administrative Code 641—Chapter 196
 “Emergency Medical Services—Military Service, Veteran Reciprocity,
 and Spouses of Active Duty Service Members”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 272C
 State or federal law(s) implemented by the rulemaking: Iowa Code section 147D.1—EMS Personnel
 Licensure Interstate Compact

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

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:

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 Email: joe.campos@idph.iowa.gov

Purpose and Summary

This proposed rulemaking sets forth HHS procedure to expedite the application for a professional license for those persons married to an active-duty member of the military forces of the United States or for those persons who are a veteran, and to provide reciprocity in licensure for such persons who are currently licensed in another state. The chapter also provides for the application of military education, training, and service as credit toward any experience or educational requirement of licensure.

This chapter applies only to the Department’s emergency medical services licensure program; this is the only licensing program covered by the requirements of Iowa Code chapter 272C to remain under the auspices of HHS upon implementation of the government reorganization. Procedures detailed additionally support the EMS Personnel Licensure Interstate Compact described in Iowa Code chapter 147D.

Analysis of Impact

1. Persons affected by the proposed rulemaking:
 - Classes of persons that will bear the costs of the proposed rulemaking:
None have been identified.
 - Classes of persons that will benefit from the proposed rulemaking:
Veterans applying for licensure, military service applicants and spouses of active-duty members of the military applying for licensure, and members of the public served by professionals licensed by HHS will benefit.

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:

Estimated figures below are projections based on past program performance as included in the Red Tape Rule Report for this chapter.

Identified Impacts*

| | SFY 2024 | SFY 2025 | SFY 2026 | SFY 2027 | SFY 2028 | Five-Year Total |
|---|------------|------------|------------|------------|------------|-----------------|
| Costs | | | | | | |
| HHS Implementation | -\$166 | -\$166 | -\$166 | -\$166 | -\$166 | -\$830 |
| Benefits | | | | | | |
| Increased Veteran and Public Safety Support | Intangible | Intangible | Intangible | Intangible | Intangible | Intangible |
| Net Value | | | | | | |

*All monetary figures have been rounded to the nearest thousandth.

- Qualitative description of impact:

Expedited licensure of qualified current and former military members and their spouses increases public access to emergency medical services personnel, thus enhancing the State's ability to protect public health and safety.

3. Costs to the State:

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

HHS incurs personnel costs for team members to manage this process. These costs are reflected in the table above as "HHS Implementation." The costs to staff time will be less than typical for a non-veteran/active-duty spouse due to the expedited nature of the licensure. The calculation is one hour of staff time saved multiplied by a predicted five veteran or active-duty spouses or veteran applicants each year. The EMS training programs will justify the military credit received by military service applicants, therefore no cost to the Department will be incurred.

- 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:

The cost-benefit analysis above shows a net value of approximately \$166 in savings per year and an increase in public health and safety. Eliminating expedited licensure for current and former members of the military and their spouses or eliminating privilege to practice in licensure across states for such individuals may result in fewer persons applying for licensure. This could result in a decrease in emergency medical services personnel available to protect public health and safety.

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

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 this process in accordance with the procedure set forth in the Iowa Code. This chapter describes HHS timelines and communication methods for completing the procedure, but does not ascribe additional Department duties or implementation elements in addition to those directly defined in the Iowa Code.

- 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?

Not applicable.

Text of Proposed Rulemaking

ITEM 1. Rescind 641—Chapter 196 and adopt the following new chapter in lieu thereof:

CHAPTER 196

EMERGENCY MEDICAL SERVICES—MILITARY SERVICE, VETERAN RECIPROCITY,
AND SPOUSES OF ACTIVE DUTY SERVICE MEMBERS

641—196.1(272C) Definitions.

“*License*” means the same as defined in Iowa Code section 272D.1.

“*Licensing authority*” means the same as defined in Iowa Code section 272D.1.

“*Military service*” means honorably serving on federal active duty, state active duty, or national guard duty, as defined in Iowa Code section 29A.1; in the military services of other states, as provided in 10 U.S.C. Section 101(c)(2021); or in the organized reserves of the United States, as provided in 10 U.S.C. Section 10101(2006).

“*Military service applicant*” means an individual requesting credit toward licensure for military education, training, or service obtained or completed in military service.

“*Spouse*” means a spouse of an active duty member of the military forces of the United States.

“*Veteran*” means the same as defined in Iowa Code section 35.1.

641—196.2(272C,147D) Military education, training, and service credit. A military service applicant may apply for credit for verified military education, training, or service toward any experience or educational requirement for licensure by submitting a military service application form to the licensing authority. No fee is required with submission of an application for military service credit.

196.2(1) The licensing authority shall grant credit requested in the application pursuant to the EMS Personnel Licensure Interstate Compact described in Iowa Code section 147D.1.

196.2(2) The licensing authority shall inform the military service applicant in writing of the credit, if any, given toward an experience or educational qualification for licensure or explain why no credit was granted. The applicant may request reconsideration upon submission of additional documentation or information.

196.2(3) A military service applicant who is aggrieved by the licensing authority’s decision may appeal pursuant to the provisions of 441—Chapter 7, except that no fees or costs shall be assessed against the military service applicant in connection with a contested case conducted pursuant to this subrule.

196.2(4) The licensing authority shall grant or deny the credit requested in the military service application prior to ruling on the application for licensure. The applicant shall not be required to submit any fees in connection with the licensure application unless the licensing authority grants the credit requested in the military service application. If the licensing authority does not grant the credit requested in the military service application, the applicant may withdraw the licensure application or request that the licensure application be placed in pending status for up to one year or as mutually agreed. The withdrawal of a licensure application shall not preclude subsequent applications supported by additional documentation or information.

641—196.3(272C,147D) Veteran and active duty military spouse privilege to practice. A veteran or spouse with an unrestricted license in another EMS Personnel Licensure jurisdiction may practice in Iowa pursuant to the EMS Personnel Licensure Interstate Compact described in Iowa Code section 147D.1.

These rules are intended to implement Iowa Code sections 272C.4 and 147D.1.