

Regulatory Analysis Template

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Agency Name Iowa Health and Human Services Rule # 641-106

Iowa Code Section Authorizing Rule 135.182

State or Federal Law(s) Implemented by the Rule SF 561, IA 90th Gen Assembly

Public Hearing

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

Date/Time: December 20, 2023

Location: <https://meet.google.com/nkg-jzin-yvp>

Any interested person may submit written comments concerning this regulatory analysis. Written comments in response to this regulatory analysis must be received by the Department no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Contact Name

Joe Campos, Administrative Rules Coordinator, Iowa Health and Human Services

Address

joe.campos@idph.iowa.gov

Email and/or phone number

515-304-0963

Purpose and summary of proposed rule:

To allow Iowa teaching hospitals to participate in a Family Medicine/Obstetrics fellowship program. Participating hospitals are eligible to apply for reimbursement for the cost of training and teaching the fellow.

Analysis of Impact of Proposed Rule

1. Persons affected by the proposed rule

- Classes of persons that will bear the costs of the proposed rule:

Teaching hospitals/medical systems if there are costs additional to reimbursement rates.

- Classes of persons that will benefit from the proposed rule:

Rural Iowans.

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2. Impact of the proposed rule, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred

- Quantitative description of impact:

Costs borne by the state are as enumerated in SF 561 (90th Gen. Assemb.)

- Qualitative description of impact:

Increased medical service providers in rural and underserved areas of the state, and better outcomes for rural Iowans.

3. Costs to the state

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

Costs borne by the state are as enumerated in SF 561 (90th Gen. Assemb.)

- Anticipated effect on state revenues:

N/A

4. Comparison of the costs and benefits of the proposed rule to the costs and benefits of inaction

HHS is implementing this rule to the level required by recent legislation, specifically SF561. The cost of inaction is potential increase of poor outcomes for rural Iowans.

5. Determination if less costly methods or less intrusive methods exist for achieving the purpose of the proposed rule

HHS is implementing this rule to the level required by SF 561 (90th Gen. Assemb.). There are no identified less costly methods for achieving this purpose. The cost associated with this process for hospitals and medical systems remains the same, but creates an avenue for those hospitals and medical systems to receive reimbursement for the cost of training throughout the Family Medicine/Obstetrics Fellowship.

6. Alternative methods considered by the agency

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

There were no alternative methods seriously considered by the agency as current processes are pursuant to state code.

- Reasons why they were rejected in favor of the proposed rule:

NA

Small Business Impact

If the rule 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 rule on small business:

- Establish less stringent compliance or reporting requirements in the rule for small business.
- Establish less stringent schedules or deadlines in the rule for compliance or reporting requirements for small business.

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- Consolidate or simplify the rule’s compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rule for small business.
- Exempt small business from any or all requirements of the rule.

If legal and feasible, how does the rule use a method discussed above to reduce the substantial impact on small business?

N/A

Text of Proposed Rule:

CHAPTER 106

State-Funded Family Medicine Obstetrics Fellowship Program

641—106.2(135.182) Definitions.

“*Rural area*” means all non-metropolitan (metro) counties and all metro census tracts with RUCA codes 4-10. The U.S. Department of Agriculture’s (USDA)’s Economic Research Service (ERS) creates RUCA codes using U.S. Census data.

“*Underserved area*” means an area, population group, or facility designated by the U.S. Department of Health and Human Services as a Health Professional Shortage Area for primary care.

641—106.3(135.182) Fellowship cost reimbursement to participating teaching hospital

a. A teaching hospital may apply to the department of health and human services through a request for proposal (RFP) process if they intend to administer an OB fellowship program and request reimbursement for expenses from the family medicine obstetrics fellowship program fund. After the first RFP, RFPs will be posted as needed based on expressed interest from additional teaching hospitals.

b. A participating teaching hospital, which has been accepted into the family medicine OB fellowship program through the RFP process, may submit a reimbursement claim to the department for a fellow who has completed the requirements in Iowa Code section 135.182 as enacted by 2023 Iowa Acts, Senate File 561, section 67. A copy of the five-year program agreement between the teaching hospital and the fellow must be submitted to the department for verification of that the fellow has committed to serve the required five years of service in a rural or underserved area as defined in IAC 641--106.1.

c. Subject to availability, funds from the family medicine obstetrics fellowship program fund shall be used in accordance with Iowa Code 138.182 and reimbursement will be no greater than the lesser of the amount or funds expended by the teaching hospital on the OB fellow or 140,000 dollars per fellow.

d. If the department receives more claims than funds available, the department will maintain a wait list of eligible fellows and will manage reimbursements to a participating teaching hospital for eligible fellow’s claims on a first come first serve basis. The department will reimburse a participating teaching hospital for eligible fellows that are on the waitlist if additional funds become available.

e. A participating teaching hospital shall return prorated funds to the department if a fellow does not meet the requirements of Iowa Code 138.182. The amount of returned funds shall be directly proportional to the portion of the five year service not completed by the OB fellow.