

## Red Tape Review Rule Report (Due: September 1, 2024)

<b>Department Name:</b>	Health and Human Services	<b>Date:</b>	4/17/24	<b>Total Rule Count:</b>	12
<b>IAC #:</b>	441	<b>Chapter/ SubChapter/ Rule(s):</b>	150	<b>Iowa Code Section Authorizing Rule:</b>	135.11
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**PLEASE NOTE, THE BOXES BELOW WILL EXPAND AS YOU TYPE**

**What is the intended benefit of the rule?**

Iowa Code requires HHS to adopt rules to develop and maintain the statewide perinatal program. The purpose is that health care providers can rapidly access specialty services for at risk pregnant women and newborns. This helps providers, especially in rural areas, to know what physical facilities, equipment, medical personnel, and hospital systems the birthing hospital has. This allows for an appropriate referral of the patient quickly. There are Levels I, II, III and IV for maternal level of care and Levels I, II, III and IV for neonatal care. Level I hospitals provide basic obstetrical and newborn care. Level IV the highest level of care for the most complex and critically ill pregnant women and infants.

**Is the benefit being achieved? Please provide evidence.**

Without this chapter, more high-risk infants may die. High-risk infants, specifically very low birth weight (less than 1500 grams) or very premature (less than 32 weeks gestational age), have higher mortality rates when born outside hospitals with the most specialized levels of care (Level III or Level IV). Although they represent less than 2% of US births, 55% of infant deaths occur among very low birth weight infants.

**What are the costs incurred by the public to comply with the rule?**

None identified.

**What are the costs to the agency or any other agency to implement/enforce the rule?**

HHS incurs personnel costs for team members to execute the program. Level IV hospitals pay a high cost to have verification of their level of care every 3 years. Current rules state an out-of-state team will be hired to verify their level of care. For a team of health professionals from AAP to verify neonatal level of care, it is estimated the cost is around \$20,000.00. Verification of Maternal Level of Care by The Joint Commission is approximately \$20,800.00.

**Do the costs justify the benefits achieved? Please explain.**

Maintaining and strengthening perinatal regionalization systems and monitoring the percent of high-risk infants born outside of Level III centers could potentially save thousands of infants lives every year. There is ongoing research to determine if maternal mortality rates are reduced as well when high risk pregnant women are care for at Level III and Level IV centers.

**Are there less restrictive alternatives to accomplish the benefit?  YES  NO**

**If YES, please list alternative(s) and provide analysis of less restrictive alternatives from other states, if applicable. If NO, please explain.**

HHS supports rules necessary to develop and maintain the statewide perinatal program in accordance with Iowa Code. These rules provide an additional framework, but only within the scope and as defined in Iowa Code.

**Does this chapter/rule(s) contain language that is obsolete, outdated, inconsistent, redundant, or unnecessary language, including instances where rule language is duplicative of statutory language? [list chapter/rule number(s) that fall under any of the above categories]**

***PLEASE NOTE, THE BOXES BELOW WILL EXPAND AS YOU TYPE***

641-150.1  
641-150.2  
641-150.3  
641-150.5  
641-150.6  
641-150.10

**RULES PROPOSED FOR REPEAL (list rule number[s]):**

641-150.3

**RULES PROPOSED FOR RE-PROMULGATION (list rule number[s] or include rule text if available):**

641-150.1  
641-150.2  
641-150.4  
641-150.5  
641-150.6  
641-150.7  
641-150.8  
641-150.9  
641-150.10  
641-150.11  
641-150.12

***\*For rules being re-promulgated with changes, you may attach a document with suggested changes.***

**METRICS**

<b>Total number of rules repealed:</b>	<b>1</b>
<b>Proposed word count reduction after repeal and/or re-promulgation</b>	<b>1460</b>
<b>Proposed number of restrictive terms eliminated after repeal and/or re-promulgation</b>	<b>39</b>

**ARE THERE ANY STATUTORY CHANGES YOU WOULD RECOMMEND INCLUDING CODIFYING ANY RULES?**