

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

<b>Department Name:</b>	Health and Human Services	<b>Date:</b>		<b>Total Rule Count:</b>	11
<b>IAC #:</b>	641	<b>Chapter/ SubChapter/ Rule(s):</b>	67	<b>Iowa Code Section Authorizing Rule:</b>	135.102
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**PLEASE NOTE, THE BOXES BELOW WILL EXPAND AS YOU TYPE**

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

To ensure that all Iowa children receive at least one blood lead screening prior to age six. Schools are required to report the enrollment of children starting kindergarten each school year to the Iowa Department of Health and Human Services to match the students to the department’s blood lead database system.

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

Yes. Among the 38,312 children born in Iowa in 2016 98.6% were tested at least once prior to their sixth birthday in 2022. A map of testing coverage for birth cohorts under six is available at <https://data.idph.state.ia.us/t/IDPH-DataViz/views/Under6BirthCohortTestingCoverage/BloodLeadTesting>.

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

There are minimal costs incurred by the public, as blood lead testing is covered by most insurance plans.

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

**Administrative only.**

1. ~\$25,000 in salary and fringe for 0.25 FTE assigned to coordinate implementation
2. ~\$20,500 including contractor and state FTE time for technical support from the Department of Management Department of Information Technology
3. There are costs related to staff time at schools for implementation; however, there is no estimate for costs associated with this work.

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

Yes. If this rule chapter did not exist, the Department of Health and Human Services (HHS) would need to rely on alternative mechanisms and measures to demonstrate the rate of children who receive at least one blood lead screening before age six in compliance with Iowa Code chapter 135.105D. HHS would not be able to identify and educate parents of children enrolled in kindergarten that have not received a blood lead test, about the serious health problems associated with exposure to lead.

**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.

The agency has considered coordinating with the Department of Education to streamline the sharing of enrollment data with HHS and reduce the administrative burden on individual schools; however, currently Iowa Code 135.105D is prescriptive in requiring individual schools to provide enrollment data to HHS.

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]

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641-67.1 is unnecessary.  
641-67.2 has five definitions that are duplicative of Iowa Code section 135.105D and one definition that is more appropriate for the program/policy manual.  
641-67.4 has one restriction that is unnecessarily burdensome and one that it no longer relevant.  
641-67.6 has one subrule that is duplicative of another rule.  
641-67.7 is duplicative of Iowa Code section 135.105D.  
641-67.9 is no longer relevant.  
641-67.10 is partially duplicative of 641-67.6.

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

641-67.1, 641-67.5, 641-67.6, 641-67.7, 641-67.8, and 641-67.9, 641-67.10, 641-67.11

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

641-67.2, 641-67.3, 641-67.4, 647-67.6, 641-67.10

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

**METRICS**

<b>Total number of rules repealed:</b>	<b>4</b>
<b>Proposed word count reduction after repeal and/or re-promulgation</b>	<b>2,623</b>
<b>Proposed number of restrictive terms eliminated after repeal and/or re-promulgation</b>	<b>11</b>

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

HHS would recommend edits to 135.105D subsection 3 to enable the Department of Education rather than the individual schools to provide the enrollment data to HHS. This could reduce the administrative burden on school staff, while achieving the same purpose.

