

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

Department Name:	Public Health	Date:	September 1, 2024	Total Rule Count:	4
IAC #:	641	Chapter/ SubChapter/ Rule(s):	137	Iowa Code Section Authorizing Rule:	147A.27
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PLEASE NOTE, THE BOXES BELOW WILL EXPAND AS YOU TYPE

What is the intended benefit of the rule?

Licensed healthcare providers (registered nurses, licensed practical nurses, physicians, advanced registered nurse practitioners, physician assistants) must be prepared with knowledge and skills to provide optimal care to injured patients. Providing guidance to hospitals regarding the minimum educational requirements for healthcare providers to deliver high quality trauma care will support the well-coordinated statewide trauma system to reduce the incidences of inadequate trauma care and preventable deaths, minimizing human suffering, and decrease the costs associated with preventable mortality and morbidity.

Is the benefit being achieved? Please provide evidence.

	Level I & II	Level III	Level IV	Statewide
Survival Rate For All Traumas	96.10%	98.50%	98.30%	97.60%
Survival Rate for Low Risk Traumas	98.60%	99.10%	98.90%	98.90%
Survival Rate for Moderate Risk Traumas	93.10%	93.00%	90.00%	92.70%
Survival Rate for High Risk Traumas	44.20%	47.10%	61.00%	46.70%

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

Specified healthcare practitioners who provide trauma care services may incur costs related to continuing education.

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

Personnel and other administrative costs.

Do the costs justify the benefits achieved? Please explain.

Yes. Without minimum educational requirements pertaining to trauma care in hospitals, providers would not have the most current, safe, evidence-based training required provide adequate initial care for injured patients. The risk of morbidity and mortality of trauma patients in Iowa would increase.

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.

Rulemaking is appropriate as it is required by 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Does this chapter/rule(s) contain language that is obsolete, outdated, inconsistent, redundant, or unnecessary language, including instances where rule language is duplicative of statutory language?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]

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137.1 – removed redundant and obsolete definitions; referenced definitions back to source code or rule.
137.2 – deleted language that is duplicative of handbooks; consolidated language; delineated separate requirements for staff according to the level of trauma center in which they work; deleted reference to Committee that was eliminated in 2024 Iowa Acts SF 2385
137.3 - deleted language that is duplicative of handbooks; consolidated language; deleted reference to Committee that was eliminated in 2024 Iowa Acts SF 2385
137.4 – deleted a redundant rule

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

137.4

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

137.1 - 3

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

METRICS

Total number of rules repealed:	1
Proposed word count reduction after repeal and/or re-promulgation	339
Proposed number of restrictive terms eliminated after repeal and/or re-promulgation	0

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

