

**PUBLIC HEALTH DEPARTMENT[641]**

**Regulatory Analysis**

Notice of Intended Action to be published: 641—Chapter 135

“Trauma Triage and Transfer Protocols”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 147A.27

State or federal law(s) implemented by the rulemaking: Iowa Code section 147A.23

*Public Hearing*

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

November 6, 2024

Microsoft Teams

10 a.m.

Meeting ID: 268 876 122 100

Passcode: QXqezE

*Public Comment*

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Health and Human Services no later than 4:30 p.m.

on the date of the public hearing. Comments should be directed to:

Victoria L. Daniels

321 East 12th Street

Des Moines, Iowa 50319

Phone: 515.829.6021

Email: [compliance@hhs.iowa.gov](mailto:compliance@hhs.iowa.gov)

*Purpose and Summary*

The purpose of the proposed chapter is to provide written directives that support decision-making by emergency medical services (EMS) clinicians in transport destination

## PUBLIC HEALTH DEPARTMENT[641]

determinations for injured patients, which will improve survival after injury. The chapter will ensure that seriously injured patients are transported to the most clinically appropriate higher-level trauma centers, and patients with minor to moderate injuries can be cared for in lower-level trauma centers.

### *Analysis of Impact*

#### 1. Persons affected by the proposed rulemaking:

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

No costs are associated with the rulemaking.

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

EMS clinicians and facilities and injured patients 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:

According to the Department's Trauma Registry Report, over 22,000 patients received trauma services in 2021. The care of all of these patients was informed by the established triage and transfer protocols.

- Qualitative description of impact:

The triage and transfer protocols support data-driven decision-making within the state's trauma care system for the benefit of Iowans.

#### 3. Costs to the State:

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

Personnel and other administrative costs are borne by the agency.

- Anticipated effect on state revenues:

## PUBLIC HEALTH DEPARTMENT[641]

There is no anticipated impact on state revenues.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

Without this rulemaking, EMS agencies would not have written guidelines to assist in the triage and transport of injured patients to the appropriate trauma care facility, which could overburden higher-level centers, overwhelm lower-level centers, and increase mortality.

In addition, not having this rulemaking would put the Department out of compliance with Iowa Code section 147A.27(2).

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

No; the rulemaking is appropriate because it is required by law.

6. Alternative methods considered by the agency:

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

None were considered because the rulemaking is required by law.

- 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.

**PUBLIC HEALTH DEPARTMENT[641]**

- 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?

This rulemaking has no impact on small business.

*Text of Proposed Rulemaking*

ITEM 1. Rescind 641—Chapter 135 and adopt the following **new** chapter in lieu thereof:

CHAPTER 135

TRAUMA TRIAGE AND TRANSFER PROTOCOLS

**641—135.1(147A) Definitions.** For the purposes of these rules, the following definitions apply:

*“Out-of-Hospital Trauma Triage Destination Decision Protocols”* means written directives to assist in trauma and triage decision-making, established and approved by the department, to be followed by the service program.

*“Service program”* or *“service”* means the same as defined in Iowa Code section 147A.1.

*“Transfer”* means the process of a patient being transferred from the scene of an injury to a trauma care facility or from one trauma care facility to another.

*“Trauma care facility”* means the same as defined in Iowa Code section 147A.21.

*“Trauma triage and transfer”* means to determine the trauma care facility destination.

## PUBLIC HEALTH DEPARTMENT[641]

**641—135.2(147A) Trauma triage and transfer protocols.** Trauma triage and transfer protocols approved by the department assist personnel from each service program and trauma care facility. These protocols do not preclude service programs or trauma care facilities from making emergency revisions of the approved triage and transfer protocols when an incident overburdens medical care resources, causing an unnecessary delay in patient care.

**135.2(1)** Adoption by reference. The 2021 National Guideline for the Field Triage of Injured Patients, as amended to August 1, 2024, is incorporated by reference and adopted as the Out-of-Hospital Trauma Triage Destination Decision Guideline for the state of Iowa.

**135.2(2)** Revisions and modifications to the protocols adopted by reference in paragraph 135.2(1)“a” may be made upon recommendation to and approval of the department.

**641—135.3(147A) Offenses and penalties.** The department may deny verification as a trauma care facility or deny authorization as a service program or may give a citation and warning, place on probation, suspend, or revoke existing trauma care facility verification or service program authorization if the department finds reason to believe that the facility or service program has not been or will not be operated in compliance with Iowa Code section 147A.27 and these administrative rules. The denial, citation and warning, period of probation, suspension, or revocation shall be effected and may be appealed in accordance with the requirements of 441—Chapter 7.

These rules are intended to implement Iowa Code section 147A.23.