

PUBLIC HEALTH DEPARTMENT[641]

Regulatory Analysis

Notice of Intended Action to be published: 641—Chapter 137

“Trauma Education and Training”

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:

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Des Moines, Iowa 50319

Phone: 515.829.6021

Email: compliance@hhs.iowa.gov

Purpose and Summary

Licensed health care providers (i.e., registered nurses, licensed practical nurses, physicians, advanced registered nurse practitioners, and physician assistants) must be

PUBLIC HEALTH DEPARTMENT[641]

prepared with knowledge and skills to provide optimal care to injured patients. Proposed Chapter 137 provides guidance to hospitals regarding the minimum educational requirements for health care providers to deliver high-quality trauma care, which will support the well-coordinated statewide trauma system to reduce the incidence of inadequate trauma care and preventable deaths, minimize human suffering, and decrease the costs associated with preventable mortality and morbidity.

Analysis of Impact

1. Persons affected by the proposed rulemaking:

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

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

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

Iowans who receive trauma care services 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:

The chapter requires every health care practitioner working in hospital trauma care to have the basic minimum competencies to care for injured patients. All 118 hospitals in Iowa comply with this requirement.

- Qualitative description of impact:

The rulemaking requires specified health care practitioners who provide trauma services in Iowa to have and maintain the knowledge and skills needed to provide optimal care to injured patients.

PUBLIC HEALTH DEPARTMENT[641]

3. Costs to the State:

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

The Department will bear personnel and other administrative costs.

- Anticipated effect on state revenues:

There is no anticipated effect on state revenues.

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

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

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

The rulemaking is appropriate as it is required by the Iowa Code.

6. Alternative methods considered by the agency:

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

None were considered.

- 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:

PUBLIC HEALTH DEPARTMENT[641]

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- 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?

There is no impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 641—Chapter 137 and adopt the following **new** chapter in lieu thereof:

CHAPTER 137

TRAUMA EDUCATION AND TRAINING

641—137.1(147A) Definitions. For the purposes of these rules, the following definitions apply:

“*Advanced registered nurse practitioner*” or “*ARNP*” means a nurse as defined in 655—7.1(152).

“*Formal education*” means education in standardized educational settings with a curriculum.

“*Licensed practical nurse*” or “*LPN*” means an individual licensed pursuant to Iowa Code chapter 152.

“*Physician*” means an individual licensed under Iowa Code chapter 148, 150 or 150A.

PUBLIC HEALTH DEPARTMENT[641]

“*Physician assistant*” or “*PA*” means an individual licensed pursuant to Iowa Code chapter 148C.

“*Practitioner*” means a person who practices medicine or one of the associated health care professions.

“*Registered nurse*” or “*RN*” means an individual licensed pursuant to Iowa Code chapter 152.

“*Trauma*” means the same as defined in Iowa Code chapter 147A.

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

“*Trauma patient*” means a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical or chemical energy, or by the absence of heat or oxygen.

“*Verification*” means the same as defined in Iowa Code chapter 147A.

641—137.2(147A) Initial trauma education requirements.

137.2(1) Trauma education is required of physicians, physician assistants, advanced registered nurse practitioners, registered nurses, and licensed practical nurses who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient.

137.2(2) Requirements for initial trauma education. Specific requirements for initial trauma education for each provider category are as follows:

a. Physicians, PAs and ARNPs shall comply with education criteria specific to the level for which the trauma care facility is verified. Physicians, PAs and ARNPs at verified level I, II, and III trauma care facilities shall comply with criteria according to the “Resources for Optimal Care of Injured Patients 2022 Standards” published by the American College of Surgeons. Physicians, PAs and ARNPs at verified level IV trauma care facilities shall

PUBLIC HEALTH DEPARTMENT[641]

comply with criteria according to the “Resources for Optimal Care of the Injured Patient 2014” published by the American College of Surgeons.

b. RNs and LPNs shall comply with education criteria specific to the level for which the trauma care facility is verified. RNs and LPNs at verified level I, II, and III trauma care facilities shall comply with criteria according to the “Resources for Optimal Care of Injured Patients 2022 Standards” published by the American College of Surgeons. RNs and LPNs at verified level IV trauma care facilities shall comply with criteria according to the “Resources for Optimal Care of the Injured Patient 2014” published by the American College of Surgeons.

641—137.3(147A) Continuing trauma education requirements. Specific requirements for continuing trauma education for each provider category are as follows:

137.3(1) Physicians, PAs and ARNPs shall comply with education criteria specific to the level for which the trauma care facility is verified. Physicians, PAs and ARNPs at verified level I, II, and III trauma care facilities shall comply with criteria according to the “Resources for Optimal Care of Injured Patients 2022 Standards” published by the American College of Surgeons. Physicians, PAs and ARNPs at verified level IV trauma care facilities shall comply with criteria according to the “Resources for Optimal Care of the Injured Patient 2014” published by the American College of Surgeons.

137.3(2) RNs and LPNs shall comply with education criteria specific to the level for which the trauma care facility is verified. RNs and LPNs at verified level I, II, and III trauma care facilities shall comply with criteria according to the “Resources for Optimal Care of Injured Patients 2022 Standards” published by the American College of Surgeons. RNs and LPNs at verified level IV trauma care facilities shall comply with criteria according to the “Resources for Optimal Care of the Injured Patient 2014” published by the American College of Surgeons.

PUBLIC HEALTH DEPARTMENT[641]

These rules are intended to implement Iowa Code chapter 147A.