

## Red Tape Review Rule Report (Due: September 1, 2025)

<b>Department Name:</b>	Health and Human Services	<b>Date:</b>	October 2, 2024	<b>Total Rule Count:</b>	14
<b>IAC #:</b>	641	<b>Chapter/ SubChapter/ Rule(s):</b>	4	<b>Iowa Code Section Authorizing Rule:</b>	Iowa Code chapter 136A; 2024 Iowa Acts, SF 2385
<b>Contact Name:</b>	Victoria L. Daniels	<b>Email:</b>	vdaniel@dhs.state.ia.us	<b>Phone:</b>	515-829-6021

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

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

To provide administrative oversight to the following: Iowa newborn screening program, Iowa maternal prenatal screening program, regional genetic consultation service, neuromuscular and related genetic disease program, Iowa registry for congenital and inherited disorders, and Iowa early hearing detection and intervention program.

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

Every year, the Iowa newborn screening programs identify close to 2,000 babies that are at risk for having a congenital or inherited condition, with an average of 130 babies who require early, sometimes emergent, treatment. Each newborn receives follow-up services to assure they are receiving timely condition-specific interventions.

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

Health care facilities and providers may incur administrative costs related to compliance with the rules.

### 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.

The Iowa newborn screening program saves lives by allowing early identification and treatment of life-threatening congenital or inherited conditions. As an Iowa pediatrician recently stated when a newborn under their care was identified with a condition, "Newborn screening saved this baby's life."

Information from IMPSP helps inform decisions about special care the baby may need once it is born, so the baby can have the best start possible.

IRCID collects information that is used to describe the incidence and circumstances around children born with a congenital or inherited disorder. One example is children born with congenital cytomegalovirus (cCMV), an infection passed on from their mother while she was pregnant. Information about cCMV apprises public health officials, health care providers, and researchers in efforts to reduce cCMV and the

effects it has on children.

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.

Rules are needed to set parameters for health care facilities and providers to comply with laws regarding the detection and surveillance of congenital and inherited disorders in Iowa.

In addition, rule revisions are necessitated by 2024 Iowa Acts, Senate File 2385, which eliminated the Congenital and Inherited Disorder Advisory Committee.

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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Changed the name of the chapter to reflect department administrative rule conventions

4.1 – deleted as redundant and renumbered throughout

4.2 – centralized all definitions, removed reference to obsolete committee, removed reference to specific department subdivision

4.3 – removed restrictive terms, removed references to specific department subdivision, removed reference to obsolete committee, updated name of University of Iowa Hospital and Clinics, now known as University of Iowa Healthcare Medical Center

4.4 – deleted policy statement, removed references to specific department subdivision, nonsubstantive wording changes, removed restrictive terms, removed reference to obsolete committee

4.5 – removed restrictive terms, minor wording changes, removed nonexhaustive list, updated name of University of Iowa Hospital and Clinics, now known as University of Iowa Healthcare Medical Center

4.6 - removed restrictive terms, minor wording changes, removed nonexhaustive list, updated name of University of Iowa Hospital and Clinics, now known as University of Iowa Healthcare Medical Center

4.7 – moved definitions to centralized definitions section, removed restrictive terms, deleted reference to rescinded lettered paragraph, removed reference to specific department subdivision, deleted nonexhaustive list

4.8 – removed goal statement

4.9 and 4.10 – deleted reserved rule numbers

4.11 - 4.14 – deleted as they reference an obsolete committee

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

4.1

4.9 - 4.14

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

4.2 - 4.8

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

**METRICS**

<b>Total number of rules repealed:</b>	<b>7</b>
<b>Proposed word count reduction after repeal and/or re-promulgation</b>	<b>1,974</b>
<b>Proposed number of restrictive terms eliminated after repeal and/or re-promulgation</b>	<b>55</b>

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

No.