

## Red Tape Review Rule Report (Due: September 1, 2023)

<b>Department Name:</b>	Health & Human Services (HHS)	<b>Date:</b>	9/2/2023	<b>Total Rule Count:</b>	18
<b>IAC #:</b>	641	<b>Chapter/ SubChapter/ Rule(s):</b>	1	<b>Iowa Code Section Authorizing Rule:</b>	139A.2, 139A.3, 139A.3A, 139A.4, 139A.21, 139A.31, 139A.33, 136A
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**PLEASE NOTE, THE BOXES BELOW WILL EXPAND AS YOU TYPE**

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

This rule chapter provides for disease investigation and disease control through preventive measures including but not limited to quarantine and isolation. This chapter captures reportable communicable and noncommunicable diseases, cancers, and farm related injuries.

The rule chapter defines procedure for members of the public to comply with the reporting requirements for the categories listed above, including:

- Who is required to report.
- When to report.
- What needs to be reported.
- How to report.

The rule chapter provides for cancer surveillance, which allows for evaluation of trends over time and evaluation of potential cancer clusters, as well as helping Iowa hospitals to monitor and improve the quality and comprehensiveness of their cancer care. Having administrative rules that allow the Iowa Cancer Registry to maintain their contract with the National Cancer Institute (NCI) funded Surveillance, Epidemiology and End Results (SEER) Program allows the State of Iowa to maintain a high quality registry at a very low cost to the State.

It also provides for congenital and inherited disorder surveillance to compile, evaluate, retain, and disseminate information on the occurrence, prevalence, causes, treatment, and prevention of congenital disorders. Congenital disorders shall be considered reportable conditions in accordance with rules adopted by the department and shall be abstracted and maintained by the registry.

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

Figures below are actuals incurred in the fiscal years shown.

**Identified Impacts\***

	SFY2018	SFY2019	SFY2020	SFY2021	SFY2022	5 Year Total
<b>Costs</b>						
HHS Implementation	\$1,238,000	\$1,238,000	\$1,238,000	\$1,238,000	\$1,238,000	\$6,190,000

<b>Benefits</b>						
Improved Public Health and Safety	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative
<b>Net Value</b>	\$123	\$123	\$123	\$123	\$123	\$123

\*All monetary figures have been rounded to the nearest thousandth.

State general fund allocations support only a portion of the HHS implementation costs for Chapter 1. The state general fund allocation has remained static. Federal grant funds provide approximately \$6.5million dollars in annual funding in support of Chapter 1 implementation. Federal government issues supplemental grant awards to support the response to outbreaks that impact the nation (e.g. COVID-19 and Mpox). These supplemental awards are in addition to the annual grant support.

Public health surveillance is foundational to public health practice. It aids in understanding diseases and their spread to determine appropriate actions to control outbreaks. If this rule chapter did not exist, it would limit the ability of public health officials to monitor, control, and prevent these reportable diseases and conditions. An inability to assess the incidence and impact of reportable conditions on lowans would prevent us from conducting disease investigation, contact tracing, and connecting affected individuals with recommended testing and treatment. Ultimately, disease transmission would increase, as would sequelae of untreated STIs (including chronic pelvic pain, pelvic inflammatory disease, vision and hearing problems, and death).

In addition, if this rule did not exist, there would not be the ability to access the incidence, contributing factors, and impact to families of congenital and inherited disorders. There would be not data to inform prevention or treatment efforts for congenital and inherited disorders.

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

There is no cost to the public to implement this rule.

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

HHS incurs personnel costs for team members to support the procedures described in this rule chapter. These costs are reflected in the table above as “HHS Implementation”. In addition to Iowa HHS, costs are incurred by the Iowa Registry for Congenital and Inherited Disorders, the agency contracted by Iowa HHS to monitor and surveil congenital and inherited disorders in Iowa.

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

The general fund dollars, supplemented largely by federal funding sources, supports a net value in improved public health and safety. If this rule chapter didn’t exist it is very likely that the disease burden would increase, leading to increased absences from school and work which could have an impact on the economy. If the department were no longer able to isolate and/or quarantine individuals that either have a communicable disease or are at risk for developing and spreading a communicable disease it would have a significant impact on morbidity and mortality across the state.

With regard to cancer surveillance, the NCI SEER contract and the University of Iowa cost share funds currently cover approximately 96 percent of operating costs of the Iowa Cancer Registry (ICR), with the state covering four percent. Currently, for every dollar the state of Iowa invests in the ICR, approximately \$32.43 of federal funds are returned to Iowa through the NCI SEER contract. The presence of the ICR and its database have helped attract numerous research projects and funds to Iowa from other federal agencies such as the National Institutes of Health and the Centers for Disease Control and Prevention. Annually, several million dollars are received from these agencies that are directly attributable to the existence of the

ICR. The ICR provides numerous educational and experiential opportunities for University of Iowa students.

Iowa HHS would not be able to implement programs and activities authorized and required by Iowa Code Chapter 136A, and would be unable to initiate, conduct and supervise screening and health care activities to detect and predict congenital and inherited disorders. Iowa HHS would also not be able to assure the availability of and access to quality genetic and genomic services for Iowans.

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.

HHS is implementing a quarantine and isolation process and reporting for certain diseases and conditions in accordance with Iowa Code. HHS has established parameters for reporting, quarantine, and isolation at the level the Department feels necessary to protect public health and safety.

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]

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

- 1.1
- 1.2
- 1.3
- 1.4
- 1.5
- 1.6
- 1.7
- 1.8
- 1.9
- 1.12
- 1.13
- 1.14
- 1.15
- 1.16
- 1.17
- 1.18

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

- 1.12
- 1.16

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

The content of the following rules is being proposed for re-promulgation, but the content has been restructured to eliminate duplicity, such that less numbered rules will remain.

- 1.1
- 1.2
- 1.3
- 1.4
- 1.5
- 1.6
- 1.7
- 1.8
- 1.9
- 1.13
- 1.14
- 1.15
- 1.17
- 1.18

***\*For rules being re-promulgated with changes, please attach a document with suggested changes, if available.***

**METRICS**

<b>Total number of rules repealed:</b>	2
<b>Proposed word count reduction after repeal and/or re-promulgation</b>	9,739
<b>Proposed number of restrictive terms eliminated after repeal and/or re-promulgation</b>	187

**ARE THERE ANY RULES YOU WOULD RECOMMEND BE CODIFIED IN STATUTE?**

None identified.