

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

Department Name:	Health & Human Services (HHS)	Date:	9/1/2023	Total Rule Count:	13
IAC #:	641	Chapter/ SubChapter/ Rule(s):	2	Iowa Code Section Authorizing Rule:	135.19
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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 defines parameters of a viral hepatitis program. This program is designed to identify individuals at an increased risk for exposure to viral hepatitis, to distribute information to them regarding the dangers presented by the disease, and to make available hepatitis A and hepatitis B vaccinations and hepatitis C testing.

Rule language defines a list of individuals by category who are at increased risk for viral hepatitis exposure and details the nature of educational information to be provided to such individuals, as well as the form and manner of information distribution. A vaccination and testing program is established offering testing through local health departments, clinics, and community-based organizations to high risk individuals. Agencies offering testing and vaccination services are also to provide education materials, pretest and post-test counseling, and referral services.

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
Costs						
HHS Implementation	(\$130,000)	(\$133,000)	(\$105,000)	(\$122,000)	(\$122,000)	(\$612,000)
Benefits						
Improved Public Health and Safety	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative
Net Value	Indeterminate	Indeterminate	Indeterminate	Indeterminate	Indeterminate	Indeterminate

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

Providing access to vaccination and testing for individuals most at risk of exposure to viral hepatitis prevents spread of the virus and allows people with HCV to seek curative treatment before cirrhosis of the liver or hepatic cancer may develop. Testing individuals increases the number of people at increased risk of exposure who are aware of their HCV status. This allows for individuals living with HCV to be linked to treatment earlier preventing costly medical conditions including cirrhosis and hepatocellular carcinoma. In 2022, contracted agencies conducted 1,026 HCV tests and identified 47 people living with HCV. This represented 6.9% of all new diagnoses in Iowa in 2022 (compared to 4.3% in 2021 and 4.1 over the 5-year

period).

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

No costs to the public have been identified.

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

HHS costs include personnel costs for team members to provide oversight of the viral hepatitis program, and costs for vaccine, test kits, and processing at the State Hygienic Laboratory. Testing and vaccination is provided through contracted services at local public health and community-based organizations. These costs are reflected in the table above as “HHS Implementation.”

Do the costs justify the benefits achieved? Please explain.

The cost benefit analysis above shows a net value of improved public health and safety. Eliminating the viral hepatitis program, or components thereof, would result in a decrease in available education, testing, vaccination, and treatment of the virus. This may result in increased community spread and a negative impact on public health and safety.

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.

No restrictions are applied or implemented by the rules. Tests and vaccine are offered to Iowans at no cost on a voluntary basis. Local public health and community-based organizations are reimbursed for their time and effort. HHS implements the viral hepatitis program in accordance to requirements of Iowa Code. The Department has flexibility in setting parameters for educational information to be provided to individuals at risk of exposure, as well as the form and manner of information distribution. The department also has some flexibility in establishing testing and vaccination parameters for local health departments, clinics, and community-based organizations conducting testing under the program.

HHS believes the parameters established in this rule chapter for education, testing, and vaccination are at a level necessary to protect public health and safety. Testing programs for people most at risk have been shown in research to be cost-effective public health interventions (less than \$50,000 per quality-adjusted life year).

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

- 2.2
- 2.3
- 2.4
- 2.5
- 2.9
- 2.10
- 2.11

2.12
2.13

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

2.2
2.9
2.10
2.11
2.12
2.13

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

2.1
2.3
2.4
2.5

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

METRICS

Total number of rules repealed:	6
Proposed word count reduction after repeal and/or re-promulgation	431
Proposed number of restrictive terms eliminated after repeal and/or re-promulgation	11

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

No recommendations.