

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

Department Name:	Health & Human Services (HHS)	Date:	9/1/2023	Total Rule Count:	49
IAC #:	641	Chapter/ SubChapter/ Rule(s):	11	Iowa Code Section Authorizing Rule:	135, 139A, 141A, 915
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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 describes HHS procedures and programs related to the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). This includes protocols concerning individuals voluntarily seeking testing, reporting requirements should a positive test be confirmed, and notification and testing requirements when a third party is found to have been exposed.

These rules additionally implement HIV-related training programs and set procedures for eligibility and enrollment in the Ryan White Program. The Ryan White Program is a federally designated program that supports eligible low-income Iowans living with HIV/AIDS with medical and support services, and assistance with the cost of medication and health insurance. Under federal legislation, it is the payer of last resort for HIV-related services.

The procedures and programs described in this rule chapter are designed to provide appropriate individual and community-level protections related to an HIV/AIDS diagnosis. They also provide for access to health care services for people diagnosed and living with HIV/AIDS in Iowa

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 Prev. and Surveillance	\$1,826,753	\$1,826,753	\$1,826,753	\$1,826,753	\$1,826,753	\$9,133,765
HIV/AIDS Testing	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
HIV/AIDS Related Training	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
HHS - Ryan White Program	\$22,814,089	\$22,814,089	\$22,814,089	\$22,814,089	\$22,814,089	\$114,070,445
Benefits						
Improved Public Health and Safety	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative

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

Providing early intervention services (access to education, testing, and health care services for individuals believed to have been exposed to HIV/AIDS) prevents further spread of the virus and more costly medical costs associated with untreated HIV. This protects public health and safety. Training programs where occupational exposure to blood or other potentially infectious materials may occur further reduce transmission and protects health care providers. Iowa currently has the highest proportion of people diagnosed with HIV who have achieved viral suppression (82%), which does not allow them to transmit HIV to partners. In addition, the state realized a 30% reduction in diagnoses from 2016 to 2020.

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

Individuals or private insurance companies must pay for HIV/AIDS testing described in this rule. Employers must pay for HIV/AIDS testing for an exposed employee. The court may pay when ordering testing of a sexual assault victim or convicted or alleged offender. Employer types listed in the rule chapter must provide training to employees concerning occupational exposure to blood or other potentially infectious materials.

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

HHS incurs costs for personnel, test kits, prevention supplies, data systems, and contracting with local public health. These costs are reflected in the table above as “HHS Prevention and Surveillance.”

The Ryan White Program provides eligible low-income Iowans living with HIV/AIDS with medical and support services, and assistance with the cost of medication and health insurance. These costs are reflected in the table above as “HHS – Ryan White Program” Federal funds and 340B Drug Pricing Program rebates support the majority of these assistance dollars.

Additional state agencies are impacted by HIV/AIDS training and testing requirements. As these obligations are defined in Iowa Code, and not created in this rule chapter, any associated costs are not included on this analysis.

Do the costs justify the benefits achieved? Please explain.

The cost benefit analysis above shows a net value of improved public health and safety. HIV-related treatment and support is estimated at \$20,000 to \$50,000 annually for people with HIV. Eliminating the Department’s HIV/AIDS programs, or components thereof, would result in a decrease in available education, testing, and treatment around 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.

Early intervention for HIV (diagnosis, treatment, social support) is a cost-effective public health intervention. HHS has established parameters for education, testing, and treatment at the level the Department feels necessary to protect public health and safety. A less costly or restrictive method has not been identified to achieve the purpose of this rule.

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

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

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

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

METRICS

Total number of rules repealed:	20
Proposed word count reduction after repeal and/or re-promulgation	6,418
Proposed number of restrictive terms eliminated after repeal and/or re-promulgation	113

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

No recommendations.