

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

Department Name:	Health & Human Services (HHS)	Date:	9/1/2023	Total Rule Count:	14
IAC #:	641	Chapter/ SubChapter/ Rule(s):	24	Iowa Code Section Authorizing Rule:	135.11
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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 sets forth department procedure in administering the Grants to Counties program for the purpose of testing private water wells, reconstructing private water wells, and the proper plugging of abandoned private water wells within the jurisdiction of each county board of health.

Grant program parameters are defined in Iowa Code 455E.11. HHS administers these grants in coordination with the Iowa Department of Natural Resources.

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	(\$81,000)	(\$84,000)	(\$87,000)	(\$90,000)	(\$93,000)	(\$435,000)
Grants to Counties	(\$2.6M)	(\$3M)	(\$3M)	(\$4M)	(\$4M)	(16.6M)
Benefits						
Increased Public Trust	Intangible	Intangible	Intangible	Intangible	Intangible	Intangible
Improved Public Health and Safety	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative
Net Value	\$2,681,000	\$3,084,000	\$3,087,000	\$4,090,000	\$4,093,000	\$17,035,000

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

The Grants to Counties program budget has gradually increased since FY 2018, however the dollars have been underutilized progressively over the last several years. The amounts shown in *Grants to Counties* above reflect the total allocation for all 99 counties, however total annual expenditures have not exceeded \$2M for these years. In 2017, the program implemented a mid-year reallocation process to provide additional funds to counties which expended the entire budget allocation, however reallocation occurring from FY 2017-2022 did not significantly increase total expenditures. The program has provided flexibility by adding arsenic, manganese, and PFAS to the list of eligible analyses. County programs have expressed the need for increased reimbursement rates as the program costs exceed the reimbursement rates. The program has not increased the reimbursement rate of services since 2015. The revisions provide flexibility

to HHS to respond to the needs of counties by moving the administration of procedures and fees from this chapter to the application and contracting process. Revisions will allow better utilization of the dollars allocated to local contracts, benefiting Iowa counties administering the program, well owners receiving reimbursement for well services, and local well contractors providing services. The changes will lead to public trust in government programming and improved public health and safety driven by the goals of the grants to counties program.

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

No direct costs to the public have been identified.

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

HHS incurs personnel costs for team members to administer the grants to counties program. 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 \$25,540,000, increased public trust, and improved public health and safety. Eliminating grant administration measures as defined in this rule chapter would weaken oversight of grant dollars, which could result in a diminished quality of work completed by grantees under the Grants to Counties program. A grantee using funds fraudulently or in contradiction to the requirements of Iowa Code may diminish public trust in the Grants to Counties program and the department and eliminate gains to public health and safety that might have been realized under the program.

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 administers the Grants to Counties program in accordance with requirements of Iowa Code. This rule chapter does not ascribe department duties or implementation elements in addition to those directly defined in Code.

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

- 24.1
- 24.2
- 24.3
- 24.4
- 24.5
- 24.6
- 24.7
- 24.8
- 24.9
- 24.10
- 24.11
- 24.12
- 24.13

24.14

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

24.2
24.3
24.4
24.5
24.6
24.7
24.8
24.9
24.10
24.11
24.12
24.13
24.14

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

24.1

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

METRICS

Total number of rules repealed:	13
Proposed word count reduction after repeal and/or re-promulgation	2,741
Proposed number of restrictive terms eliminated after repeal and/or re-promulgation	31

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

NA