

PUBLIC HEALTH DEPARTMENT[641]

Notice of Intended Action

**Proposing rule making related to emergency medical services
and providing an opportunity for public comment**

The Public Health Department hereby proposes to rescind Chapter 131, “Emergency Medical Services—Provider Education/Training/Certification,” and to adopt a new Chapter 131, “Emergency Medical Services—Providers—Initial Certification—Renewal and Reactivation—Authority—Complaints and Investigations,” and new Chapter 139, “Emergency Medical Services—Training Programs—Students—Complaints and Investigations,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 147A.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapters 147A and 147D and 2019 Iowa Acts, Senate File 304.

Purpose and Summary

Current Chapter 131 provides direction and rules regarding the training, certification, renewal and compliance of emergency medical care providers as well as the regulation of emergency medical services (EMS) training programs. Following an extensive review of the rules with stakeholders, it was suggested that the content of Chapter 131 be divided into two separate chapters: Chapter 131, which would only address the initial certification, renewal, reactivation and compliance of emergency medical care providers, and Chapter 139, which would only address the standards and requirements for the authorization of EMS training programs. This rule making proposes the adoption of those two new chapters. The new chapters also implement 2019 Iowa Acts, House File 694, which created Iowa Code chapter 147D, the Emergency Medical Services Personnel Licensure Interstate Compact, and 2019 Iowa Acts, Senate File 304, which sets limitations on the conditions under which a certification can be suspended or revoked.

New Chapter 131 includes the following updates:

- General rule revisions to the outdated sections that previously updated the current levels of certification following the completion of the transitions from multiple EMS levels to the four levels that are the national standard.
- Clarification of emergency medical care provider certification status to reflect an active or inactive certification, rather than the multiple identifications of active, deceased, denied, dropped, expired, failed, hold, idle, inactive, incomplete, pending, probation, restricted, retired, revoked, surrendered, suspended, or temporary.
- A description of prohibited grounds for discipline as prescribed in 2019 Iowa Acts, Senate File 304.
- Provisions regarding permission to practice and provisions to implement background checks for emergency medical care providers under Iowa Code chapter 147D.
- Updates that clearly state the authority of the emergency medical care provider.
- Adoption by reference of the Iowa Emergency Medical Care Provider Scope of Practice (September 2019). This document has been updated according to the national standards and thoroughly reviewed and edited by stakeholders.
- A significant decrease in the total number of continuing education hours for certification renewal and revisions to clarify that all hours are formal hours and must be documented by topic.

- General revisions and updates to the complaints, investigation and disciplinary sanctions for EMS providers.

New Chapter 139 contains the training portions of current Chapter 131. General revisions to outdated rules have been incorporated in and redundant provisions have been removed from the new chapter.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to the Department's waiver and variance provisions contained in 641—Chapter 178.

Public Comment

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on February 4, 2020. Comments should be directed to:

Rebecca Curtiss
Department of Public Health
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
Email: rebecca.curtiss@idph.iowa.gov

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Rescind 641—Chapter 131 and adopt the following **new** chapter in lieu thereof:

CHAPTER 131
EMERGENCY MEDICAL SERVICES—PROVIDERS—INITIAL CERTIFICATION—RENEWAL
AND REACTIVATION—AUTHORITY—COMPLAINTS AND INVESTIGATIONS

641—131.1(147A) Purpose. This chapter establishes the regulations and requirements for emergency medical provider initial certification for individuals who have been trained to provide emergency and

nonemergency medical care at the EMR, EMT, AEMT, paramedic or other certification level recognized by the department before 2011; describes the authority, permission to practice and scope of practice for certified emergency medical care providers in the state of Iowa; and establishes the regulations and requirements for renewal, extension and reactivation of an emergency medical care provider certification in the state of Iowa.

641—131.2(147A,147D) Definitions. For the purpose of these rules, the following definitions shall apply:

“Advanced emergency medical technician” or *“AEMT”* means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Advanced Emergency Medical Technician Instructional Guidelines (January 2009), has passed the psychomotor and cognitive examinations for the AEMT, and is currently certified by the department as an AEMT.

“Bureau” or *“BETS”* means the bureau of emergency and trauma services, the bureau designated by the department as the lead agency for coordinating and implementing the provision of emergency medical services in this state.

“CAPCE” means the Commission on Accreditation for Prehospital Continuing Education. CAPCE is an accrediting body charged with the review and accreditation of EMS continuing education.

“CEH” means continuing education hour, which is based upon a minimum of 50 minutes of training per hour.

“Certification” or *“certificate”* means a document issued by the department authorizing a person to practice as an emergency medical care provider in Iowa.

“Certification period” means the length of time an emergency medical care provider certificate is valid. The certification period shall be for two years from initial issuance or from renewal, unless otherwise specified on the certificate or unless sooner suspended or revoked.

“Certification status” means the status of an individual EMS certificate holder.

1. *“Active”* means the holder of the certification has the authority to function as an emergency medical care provider at the level certified in accordance with subrule 131.5(1).

2. *“Probation,”* which is an active certification, means the holder of the certification has the authority to function as an emergency medical care provider at the level certified in accordance with subrule 131.5(1) and under the conditions of probation.

3. *“Denied”* means the certificate is inactive and the holder of the certification has no authority to function as an emergency medical care provider.

4. *“Inactive”* means the certificate is inactive and the holder of the certification has no authority to function as an emergency medical care provider.

5. *“Revoked”* means the certification is inactive and the holder of the certification has no authority to function as an emergency medical care provider.

6. *“Surrendered”* means the certification is inactive and the holder of the certification has no authority to function as an emergency medical care provider.

7. *“Suspended”* means the certification is inactive and the holder of the certification has no authority to function as an emergency medical care provider.

“Certified” means being officially recognized as meeting department-approved testing and training standards and being issued a certificate by the department in accordance with Iowa Code chapters 272C and 147A to practice as an emergency medical care provider in the state of Iowa.

“Cognitive examination” or *“written examination”* means the portion of the NREMT certification examination process evaluating the candidate’s level of EMS knowledge.

“Compact” means the emergency medical services personnel licensure interstate compact according to Iowa Code chapter 147D. The compact facilitates the day-to-day movement of emergency medical services personnel across state boundaries in the performance of emergency medical services duties and authorizes the department to afford immediate permission to practice to emergency medical services personnel licensed in a member state.

“*Core continuing education*” means education obtained during a certification period to renew certification. Core continuing education shall have an assigned sponsor number from CAPCE, an authorized EMS training program, the board of nursing, the board of medicine or the department.

“*Critical care paramedic*” or “*CCP*” means a currently certified paramedic who has successfully completed a critical care course of instruction approved by the department and has received endorsement from the department as a critical care paramedic.

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*Emergency medical care*” means any medical procedure authorized by Iowa Code chapter 147A and these rules.

“*Emergency medical care provider*” means an individual who has been trained to provide emergency and nonemergency medical care at the EMR, EMT, AEMT, paramedic, or other certification level recognized by the department before 2011 and has been issued a certificate by the department, or a person practicing in accordance with Iowa Code chapter 147D.

“*Emergency medical care student*” means an individual registered with the department and enrolled in an EMS training program with an active EMS student registration.

“*Emergency medical responder*” or “*EMR*” means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Emergency Medical Responder Instructional Guidelines (January 2009), has passed the psychomotor and cognitive examinations for the EMR, and is currently certified by the department as an EMR.

“*Emergency medical services*” or “*EMS*” means an integrated medical care delivery system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.

“*Emergency medical technician*” or “*EMT*” means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Emergency Medical Technician Instructional Guidelines (January 2009), has passed the psychomotor and cognitive examinations for the EMT, and is currently certified by the department as an EMT.

“*Emergency medical technician-defibrillation*” or “*EMT-D*” means an individual who has successfully completed an approved program and is currently certified by the department as an EMT-D.

“*EMS clinical guidelines*” or “*minimum EMS clinical guidelines*” means a minimum clinical standard approved by the department upon which a service program’s medical director shall base service program protocols.

“*EMS instructor*” or “*EMS-I*” means an individual who has successfully completed an EMS instructor curriculum approved by the department and is currently endorsed by the department as an EMS-I.

“*Endorsement*” or “*endorsed*” means an approval granted by the department authorizing an individual to serve as an EMS-I or CCP.

“*Fees*” means those fees received pursuant to Iowa Code chapters 147A and 147D.

“*First responder*” or “*FR*” means an individual who has successfully completed an approved program and is currently certified by the department as an FR.

“*First responder-defibrillation*” or “*FR-G*” means an individual who has successfully completed an approved program and is currently certified by the department as a FR-G.

“*NREMT*” means the National Registry of Emergency Medical Technicians. The NREMT provides a valid, uniform process to assess the knowledge and skills required for competent practice by EMS professionals.

“*Paramedic*” or “*PM*” means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Paramedic Instructional Guidelines (January 2009), has passed the psychomotor and cognitive examinations for the paramedic, and is currently certified by the department as a paramedic.

“*Patient*” means an individual who is sick, injured, or otherwise incapacitated and has been evaluated or provided treatment by an emergency medical care provider.

“Patient abandonment” means a termination of the provider/patient relationship at a time when a continuous level of care is needed. Patient abandonment does not occur when a scene is unsecured, deteriorates or becomes too dangerous for the emergency medical care provider to safely function. Patient abandonment does not occur when patient care is transferred to another emergency medical care provider following assessment or triage.

“Physician” means an individual licensed under Iowa Code chapter 148.

“Physician assistant” or *“PA”* means an individual licensed pursuant to Iowa Code chapter 148C.

“Protocols” means written directions and orders approved by a service program’s medical director utilizing the EMS clinical guidelines.

“Psychomotor examination” or *“practical examination”* means the portion of the department-approved or NREMT certification examination process that evaluates the skill and procedure capabilities of the candidate.

“Registered nurse” or *“RN”* means an individual licensed pursuant to Iowa Code chapter 152.

“Service program” or *“service”* means any transport service or nontransport service, inclusive of associated satellites and service program affiliates, that has received full or conditional authorization from the department.

641—131.3(147A) Initial certification.

131.3(1) An individual who has successfully completed the training program requirements at the EMR, EMT, AEMT or paramedic level and has a valid certification with NREMT shall submit the following to the department for initial Iowa emergency medical care provider certification:

- a. A completed EMS certification application.
- b. An NREMT active certification number.
- c. Payment of the initial application fee.
- d. Two completed fingerprint cards for background checks.
- e. Payment of the background check fee.

131.3(2) Once the above items are received and approved, the department may issue an initial emergency medical care provider certification.

131.3(3) Initial Iowa certification dates shall be consistent with the NREMT certification dates.

131.3(4) The individual seeking an Iowa emergency medical provider care certification shall submit all application materials within two years from the Iowa training program course completion date.

131.3(5) If the individual is unable to complete the requirements within two years due to medical reasons or military obligation, an extension may be granted upon submission of a signed statement from an appropriate medical or military authority and approval by the department.

641—131.4(147A) Background check results.

131.4(1) Negative information on the criminal history will not necessarily preclude an individual from certification. The department will directly communicate with the individual to carefully consider the results of the background check. The following will be taken into consideration during the evaluation and analysis:

- a. The nature and gravity of the conviction.
- b. The length of time between the conviction and the application for certification.
- c. Frequency and severity of the criminal activity and child or dependent adult abuse activity included in the background check results.
- d. Mitigating factors at the time the activity occurred.
- e. Cooperation with federal or state officials in the investigation and treatment/rehabilitation plan.
- f. The maturity of the individual at the time of any criminal activity or child or dependent adult abuse activity.

131.4(2) The department will take reasonable steps to ensure the accuracy of the information contained in the background checks. An individual who believes the background checks contain inaccurate information will be informed of the steps the individual may wish to pursue to correct the information.

131.4(3) All criminal history records are confidential and will only be used in accordance with this policy to determine eligibility. All background check records will be stored in a secure location. Background check records shall not be redisseminated by the department.

641—131.5(147A) Authority.

131.5(1) Authority of emergency medical care provider. An emergency medical care provider who holds an active Iowa certification issued by the department or has permission to practice in Iowa pursuant to Iowa Code chapter 147D may:

a. As a member of a responding authorized service program, render emergency medical care and perform emergency medical care without contacting medical direction if written protocols have been approved by the service program medical director.

b. Function in any hospital or any other entity in which health care is ordinarily provided only when:

(1) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided when under the direct supervision of a physician as a member of an authorized service program, or in an individual capacity, by rendering lifesaving services in the facility in which employed or assigned pursuant to the emergency medical care provider's certification and under direct supervision of a physician, physician assistant, or registered nurse. An emergency medical care provider shall not routinely function without the direct supervision of a physician, physician assistant, or registered nurse. However, when the physician, physician assistant, or registered nurse cannot directly assume emergency care of the patient, the emergency medical care provider may perform, without direct supervision, emergency medical care procedures for which certified, if the life of the patient is in immediate danger and such care is required to preserve the patient's life;

(2) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided when under the direct supervision of a physician, as a member of an authorized service program, or in an individual capacity, to perform nonlifesaving procedures for which certified and designated in a written job description. Such procedures may be performed after the patient is observed by and when the emergency medical care provider is under the supervision of the physician, physician assistant, or registered nurse and where the procedure may be immediately abandoned without risk to the patient.

131.5(2) Scope of practice.

a. Emergency medical care providers shall perform only those skills and procedures that are authorized within the scope of practice for which certified.

b. The Iowa Emergency Medical Care Provider Scope of Practice (September 2019) is hereby incorporated and adopted by reference for emergency medical care providers. For any differences that may occur between the scope of practice adopted by reference and these rules, the rules shall prevail.

c. The Iowa Emergency Medical Care Provider Scope of Practice (September 2019) is available on the BETS website (idph.iowa.gov/BETS/EMS).

d. The department may grant a variance for changes to the scope of practice that have not yet been adopted by reference in these rules pursuant to 641—Chapter 178.

641—131.6(147A) Renewal standards, reactivation procedures, fees, and continuing education.

131.6(1) Renewal of certification.

a. An emergency medical care provider shall submit an application for renewal of an active Iowa EMS certification within 90 days prior to the certification expiration date.

b. The renewal application and process are completed online via an individual Iowa EMS provider account. The electronic portal to access individual accounts is located at: dphregprograms.iowa.gov/PublicPortal/Iowa/IDPH/common/index.jsp.

c. Renewal notifications will be sent to Iowa emergency medical care providers who have an active certification set to expire in 90 days. The notification will be sent by email to the address on file in the emergency medical care provider's electronic profile.

d. It is the emergency medical care provider's responsibility to ensure the electronic profile information, including the email address, is updated and correct within 30 days of any change.

e. A renewal certificate shall be valid for two years from the current expiration date unless sooner surrendered, suspended or revoked.

f. A lower-level certificate may be renewed if the individual voluntarily chooses to move from a higher level to a lower level by completing all applicable continuing education requirements for the lower level during the certification period and submitting a change of status request, available on the BETS website (idph.iowa.gov/BETS/EMS).

g. A certification status shall become inactive if the certificate has not been renewed by the certification expiration date unless the emergency medical care provider is granted an extension as described in subrule 131.6(3).

h. An emergency medical care provider may request an inactive status. The request must be made by submitting a change of status request, available on the BETS website (idph.iowa.gov/BETS/EMS). A request for inactive status, when accepted in connection with a disciplinary investigation or proceeding, has the same effect as an order of revocation.

131.6(2) *Late renewal of certification.*

a. An emergency medical care provider who has completed the required continuing education during the certification period but fails to submit the EMS renewal of certification application and applicable fees prior to the certification expiration date is eligible for late renewal of the inactive certification.

b. The emergency medical care provider shall complete the EMS renewal of certification application, submit a late fee in addition to the applicable renewal fee and submit an audit report form provided by the department. The fee and audit report form shall be submitted before the last day of the month following the certification expiration date. If the late renewal submission is not completed by the last day of the month following the certification expiration date, the certification remains inactive.

c. An emergency medical care provider who has not completed the required continuing education during the certification period is not eligible for late renewal. The certification is inactive.

131.6(3) *Extension of certification.*

a. An emergency medical care provider who is unable to attain all continuing education requirements within the certification period may request a 45-day extension. To complete the extension process, the provider shall:

(1) Submit a request for extension application, available on the BETS website (idph.iowa.gov/BETS/EMS), at least 7 days prior to the certification expiration date, but no more than 90 days prior to the certification expiration date, and payment of the extension fee.

(2) Complete the continuing education requirements.

(3) Complete and submit the EMS affirmative renewal of certification application, with all applicable renewal fees, to the department prior to the extended expiration date.

(4) Submit an audit report form provided by the department.

b. If an emergency medical care provider fails to submit any of the items required in subparagraphs 131.6(3) “a”(2) and (3) by the forty-fifth day of the extended certification period, the certification will be inactive.

c. The emergency medical care provider may not use continuing education completed during the extension period in the subsequent renewal period.

131.6(4) *Reactivation of an inactive certification.*

a. *Certification inactive up to 24 months.* An emergency medical care provider may apply to reactivate an inactive certification up to 24 months after the certification became inactive.

(1) An individual will submit to the department an EMS certification reactivation application, which is available on the BETS website (idph.iowa.gov/BETS/EMS).

(2) If the department approves the application, the individual must submit an audit report form with 36 core continuing education hours prorated per lapsed year by core topic area and the reactivation fee.

(3) Upon receipt and approval of the items required in subparagraphs 131.6(4) “a”(1) and (2), the department may issue a new certification.

(4) An emergency medical care provider who fails to complete the reactivation process within 12 months from the date of application approval must reapply for reactivation of the inactive certification.

b. Certification inactive from 25 months to 48 months. An emergency medical care provider may apply to reactivate an inactive certification that has been inactive for 25 months but no more than 48 months.

(1) An individual will submit to the department an EMS certification reactivation application, which is available on the BETS website (idph.iowa.gov/BETS/EMS).

(2) If the department approves the application, the individual must submit documentation of successful completion of an approved EMS refresher course that includes successful completion of psychomotor and cognitive certification examinations. In addition, the individual must:

1. Submit two fingerprint cards.

2. Submit reactivation and background check fees.

3. Upon receipt and approval of the items required in subparagraphs 131.6(4) “b”(1) and (2), the department may issue a new certification.

4. An emergency medical care provider who fails to complete the reactivation process within 12 months from the date of application approval must reapply for reactivation of the inactive certification.

c. Certification inactive for more than 48 months. An emergency medical care provider may not apply to reactivate a certification that has been inactive for more than 48 months.

131.6(5) *Reactivation of revoked or suspended certification.*

a. Any person whose certification to practice has been revoked or suspended may apply to the department for reactivation in accordance with the terms and conditions of the order of revocation or suspension, unless the order of revocation provides that the certification is permanently revoked.

b. If the order of revocation or suspension did not establish terms and conditions upon which reactivation might occur or if the certification was voluntarily surrendered, an initial application for reactivation may not be made until one year has elapsed from the date of the order or the date of the voluntary surrender.

c. All proceedings for reactivation shall be initiated by the person whose certification has been revoked or suspended in accordance with subrule 131.6(4). An application for reactivation shall allege facts which, if established, will be sufficient to enable the department to determine that the basis for the revocation or suspension of the person’s certification no longer exists and that it will be in the public interest for the certification to be reinstated. The burden of proof to establish such facts shall be on the person whose certification has been suspended or revoked.

d. An order denying or granting reactivation shall be based upon a decision which incorporates findings of facts and conclusions of law.

131.6(6) *Fees.* The nonrefundable fees are as follows:

a. Application for initial Iowa certification at all certification levels: \$30.

b. Reactivation of a certification to practice: \$30.

c. Renewal of a certification to practice as a first responder, EMR: no fee.

d. Renewal of a certification to practice as an emergency medical technician: no fee.

e. Renewal of a certification to practice as an advance emergency medical technician: \$10.

f. Renewal of a certification to practice as a paramedic: \$25.

g. Late renewal of a certification to practice: \$30.

h. Returned payment due to insufficient funds: \$15.

i. Extension of certification: \$50.

j. Criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI) and fingerprint card evaluation: \$50.

131.6(7) *Continuing education renewal.*

a. The table below illustrates the minimum number of core CEHs by topic area for each level of emergency medical care provider to renew an Iowa EMS certification.

Core Topics	EMR/FR	EMT/EMT-D	AEMT	PM
Airway, Respirations, Ventilations	1	1	2	3
Cardiology	2	6	7	9
Trauma	1	2	3	3
Medical	3	6	8	9
Operations	1	5	5	6
Totals	8	20	25	30

b. All core continuing education hours used to renew an Iowa EMS certification must have a sponsor number by an authorized Iowa training program, the department, the board of nursing, the board of medicine, or CAPCE before the emergency medical care provider attends the offering.

c. An emergency medical care provider who is registered with the NREMT may renew the provider's Iowa EMS certification by meeting the NREMT's requirements. The emergency medical care provider must submit the Iowa affirmative renewal of certification application and all appropriate fees.

d. An emergency medical care provider shall be deemed to have complied with the continuing education requirements during periods in which the provider serves honorably on active duty in the military services or for periods in which the provider is a government employee working as an emergency medical care provider and assigned to duty outside the United States. The emergency medical care provider must submit the Iowa affirmative renewal of certification application, all appropriate fees and documentation of assignment.

e. The emergency medical care provider shall maintain a file containing documentation of CEHs accrued during each certification period for four years from the end of each certification period.

f. A group of emergency medical care providers will be audited for each certification period. Emergency medical care providers to be audited will be chosen in a random manner or at the discretion of BETS. Falsifying reports or failure to comply with the audit request may result in formal disciplinary action. Those audited will be required to submit a department-provided audit report form within 45 days of the request. If audited, the emergency medical care provider must provide the following information:

- (1) Date of program.
- (2) Program sponsor number.
- (3) Title of program.
- (4) Number of approved hours.

131.6(8) Continuing education approval. The following standards shall be applied for approval of continuing education:

a. CEHs shall have an assigned sponsor number from CAPCE, an authorized EMS training program, the board of nursing, the board of medicine or the department.

b. Human health-related college courses may be approved in advance by BETS at one quarter credit equal to 10 CEHs, one semester credit equal to 15 CEHs.

131.6(9) Out-of-state continuing education. Out-of-state continuing education courses shall be accepted for CEHs if all criteria in subrule 131.6(7) are met and if the courses have been approved for emergency medical care personnel in the state in which the courses were held. A copy of course completion certificates (or other verifying documentation) shall, upon request, be submitted to the department.

641—131.7(147A,272C) Discipline—denial, citation and warning, probation, suspension, or revocation of certificates or renewal.

131.7(1) This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

131.7(2) Prohibited grounds for discipline. The department shall not suspend or revoke the certification of a person who is in default or is delinquent on repayment or a service obligation under federal or state postsecondary educational loans or public or private services-conditional postsecondary tuition assistance solely on the basis of such default or delinquency.

131.7(3) Methods of discipline.

a. The department has the authority to impose the following disciplinary sanctions against an emergency medical care provider:

- (1) Issue a citation and warning.
- (2) Impose a civil penalty not to exceed \$1,000.
- (3) Require reexamination.
- (4) Require additional education or training.
- (5) Impose a period of probation under specific conditions.
- (6) Prohibit permanently, until further order of the department, or for a specific period, a provider's ability to engage in specific procedures, methods, acts or activities incident to the practice of the profession.
- (7) Suspend a certificate until further order of the department or for a specific period.
- (8) Deny an application for certification.
- (9) Revoke a certification.
- (10) Impose such other sanctions as allowed by law and as may be appropriate.

b. A request for inactive status in connection with a disciplinary investigation or proceeding has the same effect as an order of revocation.

c. A citation and warning, denial, probation, restriction, suspension revocation, or civil penalty imposed upon an individual certificate holder by the department shall be considered applicable to all certificates and endorsements issued to that individual by the department.

d. An emergency medical care provider who has knowledge of an emergency medical care provider, service program or training program that has violated Iowa Code chapter 147A or these rules shall report such information to the department within 30 days.

131.7(4) The department may deny an application for issuance or renewal of an emergency medical care provider certificate, including endorsement, or may impose any of the disciplinary sanctions provided in subrule 131.7(3) when it finds that the individual or certificate holder has committed any of the following acts or offenses:

- a.* Negligence in performing emergency medical care.
- b.* Failure to follow the directions of supervising physicians or their designees.
- c.* Rendering treatment not authorized under Iowa Code chapter 147A.
- d.* Patient abandonment.
- e.* Fraud in procuring certification or renewal including, but not limited to:
 - (1) An intentional perversion of the truth in making application for a certification to practice in this state;
 - (2) False representations of a material fact, whether by word or by conduct, by false or misleading allegations, or by concealment of that which should have been disclosed when making application for a certification in this state; or
 - (3) Attempting to file or filing with the department or training program any false or forged diploma or certificate or affidavit or identification or qualification in making an application for a certification in this state.
- f.* Professional incompetency. Professional incompetency includes, but is not limited to:
 - (1) A substantial lack of knowledge or ability to discharge professional obligations within the scope of practice.
 - (2) A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other emergency medical care providers in the state of Iowa acting in the same or similar circumstances.
 - (3) A failure to exercise the degree of care which is ordinarily exercised by the average emergency medical care provider acting in the same or similar circumstances.

(4) Failure to conform to the minimal standard of acceptable and prevailing practice of certified emergency medical care providers in this state.

(5) A substantial lack of knowledge or ability to discharge professional obligations within the minimum clinical standards approved by the department.

g. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established. Acts which may constitute unethical conduct include, but are not limited to:

(1) Verbally or physically abusing a patient, coworker or any other individual encountered while a certified emergency medical care provider.

(2) Improper sexual contact with or making suggestive, lewd, lascivious or improper remarks or advances to a patient, coworker or any other individual encountered while certified as an emergency medical care provider in the state of Iowa.

(3) Betrayal of a professional confidence.

(4) Engaging in a professional conflict of interest.

(5) Falsification of medical records, official documents or other writings or records.

h. Engaging in any conduct that subverts or attempts to subvert a department investigation.

i. Failure to comply with a subpoena issued by the department or failure to cooperate with an investigation of the department.

j. Failure to comply with the terms of a department order or the terms of a settlement agreement or consent order.

k. Failure to report another emergency medical care provider to the department for any violations listed in these rules, pursuant to Iowa Code chapter 147A.

l. Knowingly aiding, assisting or advising a person to unlawfully practice EMS.

m. Representing oneself as an emergency medical care provider when one's certification has been suspended or revoked or when one's certification is lapsed or has been placed on inactive status.

n. Permitting the use of a certification by a noncertified person for any purpose.

o. Mental or physical inability reasonably related to and adversely affecting the emergency medical care provider's ability to practice in a safe and competent manner as determined by an evaluation from a licensed evaluator of the provider's mental or physical status.

p. Being adjudged mentally incompetent by a court of competent jurisdiction.

q. Sexual harassment of a patient, student, coworker or any other individual encountered while certified as an emergency medical care provider in the state of Iowa. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature communicated in person, in writing, via a third person or through electronic communication.

r. Habitual intoxication or addiction to drugs.

(1) The inability of an emergency medical care provider to practice with reasonable skill and safety by reason of the excessive use of alcohol on a continuing basis.

(2) The excessive use of drugs which may impair an emergency medical care provider's ability to practice with reasonable skill or safety.

(3) Obtaining, possessing, attempting to obtain or possess, or administering controlled substances without lawful authority.

s. Fraud in representation as to skill, ability or certification.

t. Willful or repeated violations of Iowa Code chapter 147A or these rules.

u. Violating a statute of this state, another state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the provision of emergency medical care, including but not limited to a crime involving dishonesty, fraud, theft, embezzlement, controlled substances, substance abuse, assault, sexual abuse, sexual misconduct, or homicide. A copy of the record of conviction or plea of guilty is conclusive evidence of the violation.

v. Having certification to practice emergency medical care suspended or revoked or having other disciplinary action taken by a licensing or certifying authority of this state or another state, territory or

country. A copy of the record or order of suspension, revocation or disciplinary action is conclusive or prima facie evidence.

- w. Falsifying certification renewal reports or failure to comply with the renewal audit request.
- x. Acceptance of any fee by fraud or misrepresentation.
- y. Repeated failure to comply with standard precautions for preventing transmission of infectious diseases as issued by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.
- z. Violating privacy and confidentiality. An emergency medical care provider shall not disclose or be compelled to disclose patient information unless disclosure is required or authorized by law.
 - aa. Discrimination. An emergency medical care provider shall not practice, condone, or facilitate discrimination against a patient, student, or any other individual encountered while acting as certified as an emergency medical care provider in the state of Iowa on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, mental or physical disability, diagnosis, or social or economic status.
 - ab. Practicing emergency medical services or using a designation of certification or otherwise holding oneself out as practicing emergency medical services at a certain level of certification when the emergency medical care provider is not certified at such level.
 - ac. Failure to respond within 30 days of receipt, unless otherwise specified, to communication from the department which was sent by registered or certified mail.

641—131.8(147A) Certification denial.

131.8(1) An individual who has been denied certification by the department may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the department not more than 20 days following the date of mailing of the notification of certification denial to the individual. The request for hearing shall specifically delineate the facts to be contested at hearing.

131.8(2) All hearings held pursuant to this rule shall be held pursuant to the process outlined in this chapter.

641—131.9(147A) Emergency adjudicative proceedings. To the extent necessary to prevent or avoid immediate danger to the public health, safety or welfare and consistent with the Constitution and other provisions of law, the department may issue a written order in compliance with Iowa Code section 17A.18 to suspend a certificate in whole or in part, order the cessation of any continuing activity, order affirmative action, or take other action within the jurisdiction of the department by emergency adjudicative order.

131.9(1) Before issuing an emergency adjudicative order, the department shall consider factors including, but not limited to, the following:

- a. Whether there has been a sufficient factual investigation to ensure that the department is proceeding on the basis of reliable information;
- b. Whether the specific circumstances which pose immediate danger to the public health, safety or welfare have been identified and determined to be continuing;
- c. Whether the individual required to comply with the emergency adjudicative order may continue to engage in other activities without posing immediate danger to the public health, safety or welfare;
- d. Whether imposition of monitoring requirements or other interim safeguards would be sufficient to protect the public health, safety or welfare; and
- e. Whether the specific action contemplated by the department is necessary to avoid the immediate danger.

131.9(2) Issuance of order.

a. An emergency adjudicative order shall contain findings of fact, conclusions of law, and policy reasons to justify the determination of an immediate danger in the department's decision to take immediate action. The order is a public record.

b. The written emergency adjudicative order shall be immediately delivered to the individual who is required to comply with the order. Delivery shall be made by one or more of the following procedures:

- (1) Personal delivery.
- (2) Certified mail, return receipt requested, to the last address on file with the department.
- (3) Fax. Fax may be used as the sole method of delivery if the individual required to comply with the order has filed a written request that agency orders be sent by fax and has provided a fax number for that purpose.

c. To the degree practicable, the department shall select the procedure for providing written notice that best ensures prompt, reliable delivery.

d. Unless the written emergency adjudicative order is provided by personal delivery on the same day that the order issues, the department shall make reasonable immediate efforts to contact by telephone the individual who is required to comply with the order.

e. After the issuance of an emergency adjudicative order, the department shall proceed as quickly as feasible to complete any proceedings that would be required if the matter did not involve an immediate danger.

f. Issuance of a written emergency adjudicative order shall include notification of the date on which department proceedings are scheduled for completion. After issuance of an emergency adjudicative order, continuance of further department proceedings to a later date will be granted only in compelling circumstances upon application in writing unless the individual who is required to comply with the order is the party requesting the continuance.

641—131.10(147A) Complaints, investigations and appeals.

131.10(1) This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

131.10(2) All complaints regarding emergency medical care personnel, training programs or continuing education providers, or those purporting to be or operating as the same, shall be reported to the department in writing. The address is Iowa Department of Public Health, Bureau of Emergency and Trauma Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

131.10(3) An emergency medical care provider who has knowledge of an emergency medical care provider or service program that has violated Iowa Code chapter 147A, 641—Chapter 132 or these rules shall report such information to the department.

131.10(4) Complaint investigations may result in the department's issuance of a notice of denial, citation and warning, probation, suspension or revocation.

131.10(5) A determination of mental incompetence by a court of competent jurisdiction automatically suspends a certificate for the duration of the certificate unless the department orders otherwise.

131.10(6) Notice of denial, issuance of a citation and warning, probation, suspension or revocation shall be affected in accordance with the requirements of Iowa Code section 17A.12. Notice to the alleged violator of denial, probation, suspension or revocation shall be served by certified mail, return receipt requested, or by personal service.

131.10(7) Any request for a hearing concerning the denial, citation and warning, probation, suspension or revocation shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department's notice to take action. The address is Iowa Department of Public Health, Bureau of Emergency and Trauma Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If the request is made within the 20-day time period, the notice to take action shall be deemed to be suspended pending the hearing. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. If no request for a hearing is received within the 20-day time period, the department's notice of denial, citation and warning, probation, suspension or revocation shall become the department's final agency action.

131.10(8) Upon receipt of a request for hearing, the department shall forward the request within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based

and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

131.10(9) The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10.

131.10(10) When the administrative law judge makes a proposed decision and order, it shall be served by certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department’s final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken as provided in subrule 131.10(11).

131.10(11) Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge’s proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

131.10(12) Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections and rulings on them.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

131.10(13) The decision and order of the director becomes the department’s final agency action upon receipt by the aggrieved party and shall be delivered by certified mail, return receipt requested, or by personal service.

131.10(14) It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

131.10(15) Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is Iowa Department of Public Health, Bureau of Emergency and Trauma Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

131.10(16) The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

131.10(17) Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, the news media or employer.

These rules are intended to implement Iowa Code chapters 147A and 147D and section 272C.4.

ITEM 2. Adopt the following **new** 641—Chapter 139:

CHAPTER 139

EMERGENCY MEDICAL SERVICES—TRAINING PROGRAMS—STUDENTS—COMPLAINTS AND INVESTIGATIONS

641—139.1(147A) Purpose. This chapter establishes the standards and requirements for authorization of emergency medical care training programs in the state of Iowa; establishes the requirements of the training program related to preparing students for emergency medical provider certification in the state of Iowa; and describes the authority of the department to impose disciplinary sanctions against a training program.

641—139.2(147A) Definitions.

“Advanced emergency medical technician” or *“AEMT”* means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Advanced Emergency Medical Technician Instructional Guidelines (January 2009), has passed the psychomotor and cognitive examinations for the AEMT, and is currently certified by the department as an AEMT.

“Bureau” or *“BETS”* means the bureau of emergency and trauma services, the bureau designated by the department as the lead agency for coordinating and implementing the provision of emergency medical services in this state.

“CAAHEP” means the Commission on Accreditation of Allied Health Education Professionals.

“CAPCE” means the Commission on Accreditation for Prehospital Continuing Education. CAPCE is an accrediting body charged with the review and accreditation of EMS continuing education.

“CEH” means continuing education hour, which is based upon a minimum of 50 minutes of training per hour.

“Certification” or *“certificate”* means a document issued by the department authorizing a person to practice as an emergency medical care provider in Iowa.

“Certified” means being officially recognized as meeting department-approved training and testing standards and being issued a certificate by the department in accordance with Iowa Code chapters 272C and 147A.

“Cognitive examination” or *“written examination”* means the portion of the NREMT certification examination process evaluating the candidate’s level of EMS knowledge.

“Core continuing education” means education obtained during a certification period to renew certification. Core continuing education shall have an assigned sponsor number from CAPCE, an authorized EMS training program, the board of nursing, the board of medicine or the department.

“Course completion date” means the date of the final classroom session of an emergency medical care provider course.

“Course coordinator” means an individual who has been assigned by the training program to coordinate the activities of an emergency medical care provider course.

“Critical care paramedic” or *“CCP”* means a currently certified paramedic who has successfully completed a critical care course of instruction approved by the department and has received endorsement from the department as a critical care paramedic.

“Department” means the Iowa department of public health.

“Director” means the director of the Iowa department of public health.

“Emergency medical care” means any medical procedure authorized by Iowa Code chapter 147A and 641—Chapter 131.

“Emergency medical care provider” means an individual who has been trained to provide emergency and nonemergency medical care at the EMR, EMT, AEMT, paramedic, or other certification level recognized by the department before 2011 and has been issued a certificate by the department, or a person practicing in accordance with Iowa Code chapter 147D.

“Emergency medical care student” or *“student”* means any individual registered with the department and enrolled in an EMS training program with an active EMS student registration.

“Emergency medical responder” or *“EMR”* means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Emergency Medical Responder Instructional Guidelines (January 2009), has passed the psychomotor and cognitive examinations for the EMR, and is currently certified by the department as an EMR.

“Emergency medical services” or *“EMS”* means an integrated medical care delivery system to provide emergency and nonemergency medical care.

“Emergency medical technician” or *“EMT”* means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Emergency Medical Technician Instructional Guidelines (January 2009), has passed the psychomotor and cognitive examinations for the EMT, and is currently certified by the department as an EMT.

“EMS evaluator” or *“EMS-E”* means an individual who has successfully completed an EMS evaluator curriculum approved by the department and is currently endorsed by the department as an EMS-E.

“*EMS instructor*” or “*EMS-I*” means an individual who has successfully completed an EMS instructor curriculum approved by the department and is currently endorsed by the department as an EMS-I.

“*EMS training program*” or “*training program*” means an Iowa college approved by the Higher Learning Commission or an Iowa hospital authorized by the department to conduct emergency medical care training.

“*Endorsement*” or “*endorsed*” means an approval granted by the department authorizing an individual to serve as an EMS-I, EMS-E or CCP.

“*Higher Learning Commission*” means the independent corporation which accredits degree-granting postsecondary institutions in the north central region of the United States.

“*NREMT*” means the National Registry of Emergency Medical Technicians. The NREMT provides a valid, uniform process to assess the knowledge and skills required for competent entrance-level practice by EMS professionals.

“*Out-of-state student*” means any individual participating in clinical or field experience as a student in an approved out-of-state training program.

“*Out-of-state training program*” means an EMS training program located outside the state of Iowa that is approved by the authorizing agency of the program’s home state to conduct initial EMS training for EMR, EMT, AEMT, paramedic or other level certified by the department.

“*Outreach course coordinator*” means an individual assigned by the training program to coordinate the activities of an emergency medical care provider course held outside the training program facilities.

“*Paramedic*” or “*PM*” means an individual who has successfully completed a course of study based on the United States Department of Transportation’s Paramedic Instructional Guidelines (January 2009), has passed the psychomotor and cognitive examinations for the paramedic, and is currently certified by the department as a paramedic.

“*Physician*” means an individual licensed under Iowa Code chapter 148.

“*Physician assistant*” or “*PA*” means an individual licensed pursuant to Iowa Code chapter 148C.

“*Preceptor*” means an individual assigned by the training program, clinical facility or service program to supervise EMS students while the students are completing their classroom, clinical or field experience. A preceptor shall be an emergency medical care provider certified at the level at which the preceptor is providing supervision or at a higher level or be licensed as a physician, physician assistant or registered nurse.

“*Primary instructor*” means an individual who is responsible for teaching the majority of an emergency medical care provider course.

“*Psychomotor examination*” or “*practical examination*” means the portion of the department-approved or NREMT certification examination process that evaluates the skill and procedure capabilities of the candidate.

“*Registered nurse*” or “*RN*” means an individual licensed pursuant to Iowa Code chapter 152.

“*Service program*” or “*service*” means any transport service or nontransport service, inclusive of associated satellites and service program affiliates, that has received full or conditional authorization from the department.

“*Training program director*” means a health care professional (full-time educator or practitioner of emergency or critical care) assigned by the training program to direct the operation of the training program.

“*Training program medical director*” means a physician licensed under Iowa Code chapter 148 who is responsible for providing medical oversight to an EMS training program.

641—139.3(147A) Initial application, renewal application, inspection and approval.

139.3(1) Initial application, inspection and approval.

a. An applicant seeking initial authorization as an EMS training program shall complete and submit to the department an Iowa EMS training program self-assessment application. The application can be downloaded from the BETS website at idph.iowa.gov/BETS/EMS.

b. An applicant seeking initial authorization shall submit, along with the Iowa EMS training program self-assessment application, a needs assessment that justifies the need for the training program.

c. The department shall perform an on-site inspection of the applicant's facilities and clinical resources. The purpose of the inspection is to examine educational objectives, patient care practices, facilities and administrative practices.

d. Following the on-site inspection, the department will provide the applicant an application report detailing the status of the application.

e. The department will approve the application and authorize the training program, determine timelines for the correction of deficiencies in the application, or deny the application. If the deficiencies are not corrected within the time period established by the department, the application will be denied.

f. A training program's initial authorization shall not exceed one year.

g. No person shall interfere with the inspection activities of the department or its agents. Interference with or failure to allow an inspection may be cause for denial of authorization.

139.3(2) *Renewal application, inspection and approval.*

a. A training program seeking renewal as an EMS training program shall complete and submit to the department the Iowa EMS training program self-assessment renewal application. The application can be downloaded from the BETS website at idph.iowa.gov/BETS/EMS.

b. EMS training program renewal applications will be submitted at least 90 days before the end of the current authorization period.

c. The department will complete an on-site inspection and review the self-assessment prior to the end of the current authorization period.

d. Following the on-site inspection, the department will provide the training program a renewal application report detailing the status of the application.

e. The department will authorize the training program or determine timelines for the correction of deficiencies in the renewal application.

f. If the deficiencies are not corrected within the time period established by the department, the training program is subject to disciplinary action as described in rule 641—139.9(147A).

g. A training program's approved renewal authorization shall not exceed four years.

h. No person shall interfere with the inspection activities of the department or its agents. Interference with or failure to allow an inspection may be cause for denial of authorization.

641—139.4(147A) Training program standards, student requirements and variances.

139.4(1) *Education standards.* A training program shall:

a. Have a sponsoring institution that is accredited by the Higher Learning Commission or its equivalent, that is recognized by the United States Department of Education as an approved Iowa college, or that is an Iowa licensed hospital that is approved by the department.

b. Use the United States Department of Transportation's Instructional Guidelines (January 2009) for any courses leading to Iowa certification.

c. Use the Iowa CCP curriculum (January 2016) for courses leading to the CCP endorsement.

d. Be accredited by, or have submitted a self-study application to, the CAAHEP if graduating students at the paramedic certification level.

e. Document equivalent training and what portions of any course waived for equivalency. A training program may waive portions of the required emergency medical care provider training for students currently certified as emergency medical care providers or licensed in other health care professions, including but not limited to nursing, physician assistant, respiratory therapist, dentistry, and military.

139.4(2) *Clinical or field experience resources.* Training programs shall:

a. Have a mechanism to clearly identify students in the clinical or field setting, or both.

b. Have sufficient equipment and supplies to be used in the provision of instruction. The equipment and supplies shall be available and consistent with the needs of the curriculum and adequate for the number of students enrolled.

c. Ensure that clinical experiences available are consistent with the needs of the curriculum and adequate for the number of students enrolled.

d. Ensure that clinical affiliations that are outside of the sponsoring training program are established and confirmed in written agreements with institutions or agencies that provide clinical experience under appropriate medical direction and clinical supervision.

e. Only allow students to perform skills and procedures in the classroom, clinical or field setting for which the students have received training with direct supervision by a preceptor designated and approved by the training program.

f. Have sufficient classrooms, laboratories, and administrative offices and facility design to accommodate the number of students in the program and the supporting faculty.

g. Have current approved curriculum and library resources related to the curriculum readily accessible to all enrolled students (on campus and off campus) and shall include current EMS and medical periodicals, scientific texts, audiovisual and self-instructional resources, and other appropriate references.

139.4(3) Staff. Training programs shall:

a. Have a training program director who is a health care professional (full-time educator or practitioner of emergency or critical care) assigned by the training program to direct the operation of the training program.

b. Have a training program medical director who shall, at a minimum, review the educational content of each training program curriculum, evaluate the quality of medical instruction, and supervise delivery of the curriculum by the faculty members.

c. Have qualified faculty through academic preparation, training, and experience to teach and evaluate the courses or topics to which they are assigned. At a minimum, each course coordinator, outreach course coordinator, and primary instructor utilized by the training program shall be endorsed as an Iowa EMS instructor.

d. Be allowed to conduct the NREMT psychomotor examination according to the policies and procedures of the department and the NREMT.

139.4(4) Student eligibility. Training programs shall ensure that emergency medical care students meet the following requirements.

a. Be at least 17 years of age on the date of enrollment.

b. Have a high school diploma or its equivalent if enrolling in an AEMT or paramedic course.

c. Be able to speak, write and read English.

d. Be able to meet the minimum requirements for the cognitive and psychomotor components of the examination with reasonable and appropriate accommodations for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).

e. Be currently certified, at a minimum, as an EMT if enrolling in an AEMT or paramedic course.

f. Be a current emergency medical care provider, RN, PA, or physician and submit a recommendation in writing from an approved EMS training program if enrolling in an EMS instructor course.

139.4(5) Students. Training programs shall:

a. Ensure that each student submits a completed EMS student registration no later than 14 days from the beginning of an emergency medical training program course. The student registration link can be found on the BETS website at idph.iowa.gov/BETS/EMS.

b. Have defined processes for review of academic history, criminal history, and health-related issues for the admission of students.

c. Have a process to evaluate students on a recurring basis and with sufficient frequency to provide both the student and training program faculty with valid and timely indicators of the student's progress and achievement of the competencies and objectives stated within the program's curriculum.

d. Have student guidance procedures that include documentation of regular and timely discussions with qualified faculty or counselors.

e. Maintain student records for each student enrolled in each program.

- f. Notify the NREMT of each student's successful completion of a training course to ensure NREMT cognitive examination eligibility.
 - g. Verify that a student completes all training program requirements before being eligible to attempt the cognitive and psychomotor certification examinations.
 - h. Report to the NREMT successful completion of psychomotor examination of each EMR and EMT student to ensure NREMT registration eligibility.
 - i. Verify that a student completes all training program coursework, the cognitive and psychomotor testing and possesses a current certification with the NREMT before making application to the department for an initial Iowa emergency medical care provider certification.
 - j. Notify the department of the successful or unsuccessful status of each student at the completion of each training course.
 - k. Ensure that students function and only perform skills or procedures learned in the training program until an Iowa emergency medical care provider certification is obtained.
 - l. Ensure that a student is not substituted for the regular personnel of any affiliated medical facility or service program but may be employed while enrolled in the training program.
- 139.4(6) *Financing and administration.*** Training programs shall:
- a. Have adequate financial resources to ensure the continued operation of the educational program(s) in which students are enrolled.
 - b. Have a program evaluation process to gather and analyze data on the effectiveness of the program.
 - c. Notify the department, in writing, of any change in ownership or control of the training program.
 - d. Have liability insurance and offer liability insurance to students while they are enrolled in the training program.

641—139.5(147A) Out-of-state training programs.

139.5(1) *Application, inspection and approval.*

- a. An out-of-state training program shall complete and submit to the department for review and approval the out-of-state training program self-assessment application. The application can be downloaded from the BETS website at idph.iowa.gov/BETS/EMS.
- b. An out-of-state training program's approval by the department shall not exceed four years.
- c. An out-of-state training program seeking initial or renewal approval and graduating students at the paramedic level must also be accredited by, or must have submitted a self-study application to, the CAAHEP.
- d. An out-of-state training program shall be limited to utilization of clinical sites or field sites, or both, within Iowa.
- e. An authorized out-of-state training program shall provide the department with a current roster of students who will be participating in the clinical or field experience within the state of Iowa and, for each program, the sites where the students will be participating. This roster will be provided prior to commencement of any clinical or field experience.
- f. An out-of-state training program shall provide documentation of liability insurance for each student participating in the clinical or field setting within the state of Iowa.
- g. Failure to comply with these requirements may lead to disciplinary action or denial of utilization of clinical or field sites in Iowa.
- h. The department may perform an on-site inspection of the out-of-state training program's facilities and clinical and field resources as part of the initial or renewal review process.
- i. The department without prior notification may make inspections at times, places and under such circumstances as it deems necessary to ensure compliance with Iowa Code chapter 147A and these rules.
- j. No person shall interfere with the inspection activities of the department or its agents.
- k. Interference with or failure to allow an inspection may be cause for disciplinary action regarding training program approval.
- l. Representatives of the training program may be required to meet with the department at the time the application and inspection report are discussed.

m. A written report of department action and the department inspection report shall be sent to the training program.

n. A training program shall notify the department, in writing, of any change in ownership or control within 30 days.

139.5(2) Out-of-state students.

a. An out-of-state student shall be registered in good standing in an approved out-of-state training program.

b. An out-of-state student may perform any procedures and skills for which the student is receiving training provided that the procedure or skill is within the Iowa scope of practice of a comparable Iowa emergency medical care provider. The student shall be under the direct supervision of a physician or physician designee or under the remote supervision of a physician or physician designee with direct supervision by a preceptor designated and approved by the training program.

c. An out-of-state student shall not be substituted for personnel of any affiliated medical facility or service program.

d. An out-of-state student is not eligible to continue functioning as a student of the approved out-of-state training program in the clinical or field setting (1) if the student is not in good standing with the approved out-of-state training program, (2) once the student has met the training program's requirements, or (3) once the student has been approved for certification testing.

e. Once all training requirements are met and the out-of-state student acquires a valid NREMT certification, the student may apply for initial Iowa EMS certification as described in rule 641—131.3(147A).

641—139.6(147A) Failure to comply with rules. Failure of a training program to comply with these rules may result in disciplinary action according to rule 641—139.9(147A).

641—139.7(147A) Temporary variances. If during a period of authorization there is some occurrence that temporarily causes a training program to be in noncompliance with these rules, the department may grant a temporary variance.

139.7(1) Variances to these rules may be granted by the department to a currently authorized training program.

139.7(2) Requests for variances shall apply only to the training program requesting the variance and shall apply only to those requirements and standards for which the department is responsible.

139.7(3) A training program shall apply for a variance in accordance with 641—Chapter 178.

641—139.8(147A) Continuing education providers—approval, record keeping and inspection.

139.8(1) A training program may conduct continuing education courses utilizing training program instructors.

139.8(2) Each training program shall assign a sponsor number to each core continuing education course using an assignment system approved by the department.

139.8(3) Course approval shall be completed prior to the course's being offered.

139.8(4) Each training program shall maintain a participant record that includes, as a minimum:

- a.* Name.
- b.* Address.
- c.* Certification number.
- d.* Course sponsor number.
- e.* Course instructor.
- f.* Date of course.
- g.* CEHs awarded.

139.8(5) The department may request additional information or inspect the records of any continuing education provider who is currently approved or who is seeking approval.

641—139.9(147A) Discipline—denial, citation and warning, probation, suspension, or revocation of training program approval or renewal.

139.9(1) This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

139.9(2) Method of discipline. The department has the authority to impose the following disciplinary sanctions against a training program:

- a.* Issue a citation and warning.
- b.* Impose a period of probation under specific conditions.
- c.* Prohibit permanently, until further order of the department, or for a specific period, a program's ability to engage in specific procedures, methods, acts or activities incident to the practice of the profession.
- d.* Suspend an authorization until further order of the department or for a specific period.
- e.* Deny an application for authorization.
- f.* Revoke an authorization.
- g.* Impose such other sanctions as allowed by law and as may be appropriate.

139.9(3) The department may impose any of the disciplinary sanctions provided in subrule 139.9(2) when it finds that the training program or applicant has failed to meet the applicable provisions of these rules or has committed any of the following acts or offenses:

- a.* Fraud in procuring approval or renewal.
- b.* Falsification or failure to document training or continuing education records.
- c.* Suspension or revocation of approval to provide emergency medical care training or other disciplinary action taken pursuant to Iowa Code chapter 147A. A certified copy of the record or order of suspension, revocation or disciplinary action is conclusive or prima facie evidence.
- d.* Engaging in any conduct that subverts or attempts to subvert a department investigation.
- e.* Failure to respond within 30 days of receipt of communication from the department which was sent by registered or certified mail.
- f.* Failure to comply with a subpoena issued by the department or failure to cooperate with an investigation of the department.
- g.* Failure to comply with the terms of a department order or the terms of a settlement agreement or consent order.
- h.* Submission of a false report of continuing education or failure to submit the quarterly report of continuing education.
- i.* Knowingly aiding, assisting or advising a person to unlawfully practice EMS.
- j.* Representing itself as an approved training program or continuing education provider when approval has been suspended or revoked or when approval has lapsed or has been placed on inactive status.
- k.* Using an unqualified individual as an instructor or evaluator.
- l.* Allowing verbal or physical abuse of a student or staff.
- m.* Failing to verify registration of a student with the department within the timeline established by the department or allowing an unregistered student to function in a clinical environment.
- n.* A training program provider or continuing education provider shall not sexually harass a patient, student, or coworker. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, other verbal or physical conduct of a sexual nature communicated in person, in writing, via a third person or through electronic communication.
- o.* Betrayal of a professional confidence.
- p.* Engaging in a professional conflict of interest.
- q.* Discrimination. A training program or continuing education provider shall not practice, condone, or facilitate discrimination against a patient, student, or supervisee on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, mental or physical disability, diagnosis, or social or economic status.

r. Failure to comply with the 2015 Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions published by the Commission on Accreditation of Allied Health Education Programs.

641—139.10(147A) Complaints, investigations and appeals.

139.10(1) All complaints regarding an emergency medical student, training programs or continuing education providers or those purporting to be or operating as the same shall be reported to the department in writing. The address is Iowa Department of Public Health, Bureau of Emergency and Trauma Service, Lucas State Office Building, Des Moines, Iowa 50319-0075.

139.10(2) Any emergency medical care provider, emergency medical student, training program or continuing education provider who has knowledge of an emergency medical care provider or service program that has violated Iowa Code chapter 147A, 641—Chapter 132 or these rules shall report such information to the department.

139.10(3) Complaint investigations may result in the department's issuance of a notice of denial, citation and warning, probation, suspension or revocation.

139.10(4) A determination of mental incompetence by a court of competent jurisdiction automatically suspends a certificate for the duration of the certificate unless the department orders otherwise.

139.10(5) Notice of denial, issuance of a citation and warning, probation, suspension or revocation shall be effected in accordance with the requirements of Iowa Code section 17A.12. Notice to the alleged violator of denial, probation, suspension or revocation shall be served by certified mail, return receipt requested, or by personal service.

139.10(6) Any request for a hearing concerning the denial, citation and warning, probation, suspension or revocation shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department's notice to take action. The address is Iowa Department of Public Health, Bureau of Emergency and Trauma Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If the request is made within the 20-day time period, the notice to take action shall be deemed to be suspended pending the hearing. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. If no request for a hearing is received within the 20-day time period, the department's notice of denial, citation and warning, probation, suspension or revocation shall become the department's final agency action.

139.10(7) Upon receipt of a request for hearing, the department shall forward the request within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

139.10(8) The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10.

139.10(9) When the administrative law judge makes a proposed decision and order, it shall be served by certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken as provided in subrule 139.10(10).

139.10(10) Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

139.10(11) Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

a. All pleadings, motions, and rules.

- b.* All evidence received or considered and all other submissions by recording or transcript.
- c.* A statement of all matters officially noticed.
- d.* All questions and offers of proof, objections and rulings on them.
- e.* All proposed findings and exceptions.
- f.* The proposed decision and order of the administrative law judge.

139.10(12) The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by certified mail, return receipt requested, or by personal service.

139.10(13) It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

139.10(14) Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is Iowa Department of Public Health, Bureau of Emergency and Trauma Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

139.10(15) The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

139.10(16) Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, the news media or employer.

These rules are intended to implement Iowa Code chapter 147A.