

**PUBLIC HEALTH DEPARTMENT[641]**

**Adopted and Filed**

**Rulemaking related to trauma registry**

The Department of Health and Human Services hereby rescinds Chapter 136, “Trauma Registry,” Iowa Administrative Code, and adopts a new chapter with the same title.

*Legal Authority for Rulemaking*

This rulemaking is adopted under the authority provided in Iowa Code section 147A.27.

*State or Federal Law Implemented*

This rulemaking implements, in whole or in part, Iowa Code section 147A.26.

*Purpose and Summary*

This chapter was reviewed and is being rescinded and adopted anew as a part of the Red Tape Review process laid out by Executive Order 10. High-quality data from the trauma registry are critical to inform quality improvement and measure the performance of the statewide trauma system. Chapter 136 provides guidance to hospitals on high-quality data reporting of injured patients, which allows enhanced epidemiologic analysis to improve outcomes of injured patients in Iowa. This allows for focused quality improvement activities and maximizes the value of trauma benchmarking with the goal of reduced morbidity and mortality from injuries.

*Public Comment and Changes to Rulemaking*

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on December 11, 2024, as **ARC 8523C**. A public hearing was held on the following date(s):

- January 15, 2025
- January 21, 2025

No one attended the public hearings. No public comments were received.

Slight changes from the Notice have been made. A statement about adopting by reference was included in error. The Department removed that language. In addition, the Department changed the word “operated” to “approved” to better describe the functionality of the trauma registry.

*Adoption of Rulemaking*

This rulemaking was adopted by the Department on March 14, 2025.

*Fiscal Impact*

This rulemaking has no fiscal impact to the State of Iowa.

*Jobs Impact*

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

*Waivers*

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 441—Chapter 6.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking 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).

*Effective Date*

This rulemaking will become effective on June 1, 2025.

The following rulemaking action is adopted:

ITEM 1. Rescind 641—Chapter 136 and adopt the following **new** chapter in lieu thereof:

CHAPTER 136  
TRAUMA REGISTRY

**641—136.1(147A) Definitions.** For the purposes of these rules, the following definitions apply:

“*Health care providers*” for the purpose of this chapter includes licensed physicians, advanced registered nurse practitioners, physician assistants, and registered nurses.

“*Inclusion criteria*” means criteria determined by the department and adopted by reference to determine which trauma patients are to be included in the trauma registry.

“*Reportable patient data*” means data and definitions determined by the department to be reported to the trauma registry on trauma patients meeting the inclusion criteria.

“*Trauma care facility*” means the same as defined in Iowa Code section 147A.21.

“*Trauma patient*” means a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical or chemical energy, or by the absence of heat or oxygen.

“*Trauma registry*” means the data repository approved by the department to collect and analyze reportable patient data on the incidence, severity, and causes of trauma, and that serves as the central registry for brain and spinal cord injuries described in rule 641—21.1(135) and farm-related injuries.

“*Trauma survey team*” means a group of health care providers contracted by the department to assist in verifying trauma care facilities’ compliance with trauma criteria adopted by reference in 641—subrule 134.2(3).

**641—136.2(147A) Trauma registry.**

**136.2(1)** Trauma care facilities shall submit reportable patient data electronically to the department. Data shall be submitted in the trauma registry format approved by the department. The department may require those requesting the data to pay any or all of the reasonable costs associated with furnishing the reportable patient data.

**136.2(2)** Quality assurance of reported data.

*a.* For the purpose of ensuring the completeness and quality of reportable patient data, the department or its designated trauma survey team may examine medical records to validate the accuracy of data submitted by a trauma care facility.

*b.* Review of medical records by the department or its designated trauma survey team may be scheduled in advance with the trauma care facility.

**641—136.3(147A) Offenses and penalties.** All complaints, offenses and penalties will be addressed pursuant to rule 641—134.3(147A).

These rules are intended to implement Iowa Code section 147A.26.

[Filed 3/14/25, effective 6/1/25]

[Published 4/2/25]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/2/25.