

PUBLIC HEALTH DEPARTMENT[641]

Adopted and Filed

Rulemaking related to stroke care reporting

The Department of Health and Human Services hereby rescinds Chapter 146, “Stroke Care Reporting,” 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 217.6.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code section 135.191.

Purpose and Summary

This rulemaking is a result of Executive Order 10. The purpose of this chapter is to improve stroke care in Iowa by promoting consistent adherence to the latest scientific treatment guidelines.

Public Comment and Changes to Rulemaking

Notice of Intended Action for this rulemaking was published in the Iowa Administrative Bulletin on December 25, 2024, as **ARC 8465C**. A public hearing was held on the following date(s):

- January 16, 2025
- January 21, 2025

No one attended the public hearings.

One public comment was received from the American Heart Association requesting that the Department add a definition for “Level II – Thrombectomy-capable stroke center (TCSC).” Thrombectomy-capable stroke centers provide endovascular procedures and care but do not meet the definition of a comprehensive stroke center. Iowa Code section 135.191 requires only that comprehensive stroke centers and nationally certified primary stroke centers report data for the Iowa Statewide Stroke Database. As such, the Department did not believe it was appropriate to add the suggested definition to the rules.

No changes from the Notice have been made.

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 146 and adopt the following **new** chapter in lieu thereof:

CHAPTER 146
STROKE CARE REPORTING

641—146.1(135) Definitions.

“*Comprehensive stroke center*” means a hospital certified as a comprehensive stroke center by a nationally recognized certifying body with certification criteria consistent with the most current nationally recognized, evidence-based stroke guidelines related to reducing the occurrence of and disabilities and death associated with stroke.

“*Primary stroke center*” means a hospital certified as a primary stroke center by a nationally recognized certifying body with certification criteria consistent with the most current nationally recognized, evidence-based stroke guidelines related to reducing the occurrence of and disabilities and death associated with stroke.

“*Stroke*” means a clinical diagnosis of acute stroke or principal International Classification of Disease, 10th Revision, Clinical Modification (ICD-10-CM) discharge code of “stroke,” or “transient ischemic attack,” or “cerebral infarction,” or “cerebral hemorrhage.”

“*Stroke care*” means care provided to individuals with confirmed cases of stroke.

641—146.2(135) Stroke care reporting.

146.2(1) *Iowa statewide stroke database.* The department designates the Get with the Guidelines stroke module of the American Heart Association/American Stroke Association as the Iowa stroke database established in Iowa Code section 135.191.

146.2(2) *Who is required to report.* All nationally certified comprehensive stroke centers and all nationally certified primary stroke centers operating in the state of Iowa are required to report stroke data. Nationally certified acute stroke-ready hospitals and emergency medical services operating in the state of Iowa are encouraged to report stroke care data.

146.2(3) *What is to be reported.* Reportable data are those data identified by a clinical diagnosis of acute stroke or by the following ICD-10 coding:

ICD-10-CM Code	Short Description
I60.00 - I60.9	Nontraumatic subarachnoid hemorrhage
I61.0 - I61.9	Nontraumatic intracerebral hemorrhage
I63.00 - I63.9	Cerebral infarction (occlusion and stenosis of cerebral and precerebral arteries, resulting in cerebral infarction)
G45.0 - G45.2	TIA and related syndromes
G45.8 - G45.9	TIA and related syndromes
O99.411 - O99.43	Diseases of the circulatory system complicating pregnancy, childbirth and puerperium
G97.31 - G97.32	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a procedure
G97.51 - G97.52	Postprocedural hemorrhage and hematoma of a nervous system organ or structure following a procedure

197.810 - 197.821	Intraoperative and postoperative cerebrovascular infarction
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641—146.3(135) Method and frequency of reporting.

146.3(1) Stroke centers shall report the required stroke care information for any reportable stroke case no later than 120 days after the patient was discharged, transferred to another hospital, or pronounced dead.

146.3(2) Reports shall meet the data quality, format, and timeliness standards prescribed by the Iowa statewide stroke database.

641—146.4(135) Confidentiality. The Iowa statewide stroke database will comply with federal and state law and other health information and data collection, storage, and sharing requirements of the department.

641—146.5(135) Penalties and enforcement. If a stroke center reporting under this chapter does not comply with the reporting requirements, the department may request a review of the certification of the comprehensive or primary stroke center by the certifying entity.

These rules are intended to implement Iowa Code section 135.191.

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

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