



# IOWA ADMINISTRATIVE BULLETIN

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## PREFACE

The Iowa Administrative Bulletin is published biweekly pursuant to Iowa Code chapters 2B and 17A and contains Notices of Intended Action and rules adopted by state agencies.

It also contains Proclamations and Executive Orders of the Governor which are general and permanent in nature; Regulatory Analyses; effective date delays and objections filed by the Administrative Rules Review Committee; Agenda for monthly Administrative Rules Review Committee meetings; and other materials deemed fitting and proper by the Administrative Rules Review Committee.

The Bulletin may also contain public funds interest rates [12C.6]; workers' compensation rate filings [515A.6(7)]; usury rates [535.2(3)"a"]; and agricultural credit corporation maximum loan rates [535.12].

**PLEASE NOTE:** Underscore indicates new material added to existing rules; ~~strike through~~ indicates deleted material.

STEPHANIE A. HOFF, Administrative Code Editor

Telephone: (515)281-3355

Fax: (515)281-5534

### CITATION of Administrative Rules

The Iowa Administrative Code shall be cited as (agency identification number) IAC (chapter, rule, subrule, lettered paragraph, or numbered subparagraph).

441 IAC 79	(Chapter)
441 IAC 79.1	(Rule)
441 IAC 79.1(1)	(Subrule)
441 IAC 79.1(1)"a"	(Paragraph)
441 IAC 79.1(1)"a"(1)	(Subparagraph)

The Iowa Administrative Bulletin shall be cited as IAB (volume), (number), (publication date), (page number), (ARC number).

IAB Vol. XII, No. 23 (5/16/90) p. 2050, ARC 872A

NOTE: In accordance with Iowa Code section 7.17, a rule number within the Iowa Administrative Code includes a reference to the statute which the rule is intended to implement: 441—79.1(249A).

## Schedule for Rule Making 2011

NOTICE SUBMISSION DEADLINE	NOTICE PUB. DATE	HEARING OR COMMENTS 20 DAYS	FIRST POSSIBLE ADOPTION DATE 35 DAYS	ADOPTED FILING DEADLINE	ADOPTED PUB. DATE	FIRST POSSIBLE EFFECTIVE DATE	POSSIBLE EXPIRATION OF NOTICE 180 DAYS
<b>*Dec. 22 '10*</b>	Jan. 12 '11	Feb. 1 '11	Feb. 16 '11	Feb. 18 '11	Mar. 9 '11	Apr. 13 '11	July 11 '11
Jan. 7	Jan. 26	Feb. 15	Mar. 2	Mar. 4	Mar. 23	Apr. 27	July 25
Jan. 21	Feb. 9	Mar. 1	Mar. 16	Mar. 18	Apr. 6	May 11	Aug. 8
Feb. 4	Feb. 23	Mar. 15	Mar. 30	Apr. 1	Apr. 20	May 25	Aug. 22
Feb. 18	Mar. 9	Mar. 29	Apr. 13	Apr. 15	May 4	June 8	Sep. 5
Mar. 4	Mar. 23	Apr. 12	Apr. 27	Apr. 29	May 18	June 22	Sep. 19
Mar. 18	Apr. 6	Apr. 26	May 11	May 13	June 1	July 6	Oct. 3
Apr. 1	Apr. 20	May 10	May 25	<b>***May 25***</b>	June 15	July 20	Oct. 17
Apr. 15	May 4	May 24	June 8	June 10	June 29	Aug. 3	Oct. 31
Apr. 29	May 18	June 7	June 22	<b>***June 22***</b>	July 13	Aug. 17	Nov. 14
May 13	June 1	June 21	July 6	July 8	July 27	Aug. 31	Nov. 28
<b>***May 25***</b>	June 15	July 5	July 20	July 22	Aug. 10	Sep. 14	Dec. 12
June 10	June 29	July 19	Aug. 3	Aug. 5	Aug. 24	Sep. 28	Dec. 26
<b>***June 22***</b>	July 13	Aug. 2	Aug. 17	Aug. 19	Sep. 7	Oct. 12	Jan. 9 '12
July 8	July 27	Aug. 16	Aug. 31	<b>***Aug. 31***</b>	Sep. 21	Oct. 26	Jan. 23 '12
July 22	Aug. 10	Aug. 30	Sep. 14	Sep. 16	Oct. 5	Nov. 9	Feb. 6 '12
Aug. 5	Aug. 24	Sep. 13	Sep. 28	Sep. 30	Oct. 19	Nov. 23	Feb. 20 '12
Aug. 19	Sep. 7	Sep. 27	Oct. 12	Oct. 14	Nov. 2	Dec. 7	Mar. 5 '12
<b>***Aug. 31***</b>	Sep. 21	Oct. 11	Oct. 26	<b>***Oct. 26***</b>	Nov. 16	Dec. 21	Mar. 19 '12
Sep. 16	Oct. 5	Oct. 25	Nov. 9	<b>***Nov. 9***</b>	Nov. 30	Jan. 4 '12	Apr. 2 '12
Sep. 30	Oct. 19	Nov. 8	Nov. 23	<b>***Nov. 23***</b>	Dec. 14	Jan. 18 '12	Apr. 16 '12
Oct. 14	Nov. 2	Nov. 22	Dec. 7	<b>***Dec. 7***</b>	Dec. 28	Feb. 1 '12	Apr. 30 '12
<b>***Oct. 26***</b>	Nov. 16	Dec. 6	Dec. 21	<b>***Dec. 21***</b>	Jan. 11 '12	Feb. 15 '12	May 14 '12
<b>***Nov. 9***</b>	Nov. 30	Dec. 20	Jan. 4 '12	Jan. 6 '12	Jan. 25 '12	Feb. 29 '12	May 28 '12
<b>***Nov. 23***</b>	Dec. 14	Jan. 3 '12	Jan. 18 '12	Jan. 20 '12	Feb. 8 '12	Mar. 14 '12	June 11 '12
<b>***Dec. 7***</b>	Dec. 28	Jan. 17 '12	Feb. 1 '12	Feb. 3 '12	Feb. 22 '12	Mar. 28 '12	June 25 '12
<b>***Dec. 21***</b>	Jan. 11 '12	Jan. 31 '12	Feb. 15 '12	Feb. 17 '12	Mar. 7 '12	Apr. 11 '12	July 9 '12

### PRINTING SCHEDULE FOR IAB

<u>ISSUE NUMBER</u>	<u>SUBMISSION DEADLINE</u>	<u>ISSUE DATE</u>
17	Friday, February 4, 2011	February 23, 2011
18	Friday, February 18, 2011	March 9, 2011
19	Friday, March 4, 2011	March 23, 2011

**PLEASE NOTE:**

Rules will not be accepted after **12 o'clock noon** on the Friday filing deadline days unless prior approval has been received from the Administrative Rules Coordinator's office.

If the filing deadline falls on a legal holiday, submissions made on the following Monday will be accepted.

**\*\*\*Note change of filing deadline\*\*\***

The Administrative Rules Review Committee will hold its regular, monthly meeting on Friday, February 11, 2011, at 8 a.m. in Room 116, State Capitol, Des Moines, Iowa. The following rules will be reviewed:

**ACCOUNTANCY EXAMINING BOARD[193A]**

Professional Licensing and Regulation Bureau[193]  
COMMERCE DEPARTMENT[181]"umbrella"

Certificate and license renewal fees, 12.1 Filed ARC 9327B ..... 1/12/11

**EARLY CHILDHOOD IOWA STATE BOARD[249]**

Early childhood Iowa initiative, ch 1 Filed ARC 9346B ..... 1/26/11

**ECONOMIC DEVELOPMENT, IOWA DEPARTMENT OF[261]**

Deletion of HOME housing fund requirements, amendments to chs 21, 25 Filed ARC 9326B ..... 1/12/11  
Iowa main street program, 39.1 to 39.11 Notice ARC 9336B ..... 1/12/11

**ENVIRONMENTAL PROTECTION COMMISSION[567]**

NATURAL RESOURCES DEPARTMENT[561]"umbrella"

Water quality certification, 61.2(2)"g" Filed ARC 9330B ..... 1/12/11  
Underground storage tanks—review procedures and acceptance of reports from certified  
groundwater professionals, 135.9(11), 135.10(11), 135.12 Filed ARC 9331B ..... 1/12/11

**HOMELAND SECURITY AND EMERGENCY MANAGEMENT DIVISION[605]**

PUBLIC DEFENSE DEPARTMENT[601]"umbrella"

Continuing education for local emergency management coordinators, 7.4(4)"a" Filed ARC 9332B ..... 1/12/11  
Emergency management performance grant—allocation and distribution process, 7.7  
Notice ARC 9345B ..... 1/26/11

**HUMAN SERVICES DEPARTMENT[441]**

Record checks for volunteers or substitutes at child care centers, 109.6(5)"c" Notice ARC 9333B ..... 1/12/11

**INSURANCE DIVISION[191]**

COMMERCE DEPARTMENT[181]"umbrella"

Autism spectrum disorders coverage, 35.40 Notice ARC 9340B ..... 1/26/11

**LABOR SERVICES DIVISION[875]**

WORKFORCE DEVELOPMENT DEPARTMENT[871]"umbrella"

Complimentary tickets for mixed martial arts events, 177.1 Filed ARC 9335B ..... 1/12/11

**MANAGEMENT DEPARTMENT[541]**

Fiscal oversight of the early childhood Iowa initiative, ch 9 Filed ARC 9334B ..... 1/12/11

**MEDICINE BOARD[653]**

PUBLIC HEALTH DEPARTMENT[641]"umbrella"

Confidential records, 2.13 Filed ARC 9337B ..... 1/12/11

**NATURAL RESOURCE COMMISSION[571]**

NATURAL RESOURCES DEPARTMENT[561]"umbrella"

Public access to private land for hunting; landowner grants for wildlife habitat, 22.10 to  
22.15 Notice ARC 9325B ..... 1/12/11  
State parks and recreation and camping areas—reservations, 61.3, 62.4 Filed ARC 9324B ..... 1/12/11

**NURSING BOARD[655]**

PUBLIC HEALTH DEPARTMENT[641]"umbrella"

Intravenous therapy scope of practice for LPNs, 6.1, 6.3, 6.5 Filed ARC 9329B ..... 1/12/11

**PROFESSIONAL LICENSURE DIVISION[645]**

PUBLIC HEALTH DEPARTMENT[641]"umbrella"

Massage therapists—renewal notices, 131.8(1) Notice ARC 9319B ..... 1/12/11  
Physical therapists and physical therapist assistants; occupational therapists and occupational  
therapy assistants, amendments to chs 200, 202, 203, 207, 209 Filed ARC 9328B ..... 1/12/11

**PUBLIC HEALTH DEPARTMENT[641]**

Emergency medical services—provider education/training/certification, ch 131 Notice ARC 9342B ..... 1/26/11  
Electronic submission of ambulance report data, 132.8(3), 136.2(3) Notice ARC 9343B ..... 1/26/11  
Trauma care and facility categorization criteria adopted by reference, 134.2(3) Notice ARC 9344B ..... 1/26/11

**REAL ESTATE COMMISSION[193E]**Professional Licensing and Regulation Bureau[193]  
COMMERCE DEPARTMENT[181]"umbrella"Licensee provision of proof of insurability, 19.6(8) Notice **ARC 9338B** ..... 1/26/11**REVENUE DEPARTMENT[701]**Rebate of sales tax; hotel and motel tax, 235.1, 241.3 to 241.5 Notice **ARC 9339B** ..... 1/26/11**SCHOOL BUDGET REVIEW COMMITTEE[289]**

EDUCATION DEPARTMENT[281]"umbrella"

Composition of committee; hearings, 1.1, 1.2, 1.4 Filed **ARC 9320B** ..... 1/12/11Hearings, rescind 6.2 Filed **ARC 9322B** ..... 1/12/11On-time funding for increased enrollment, rescind ch 7 Filed **ARC 9321B** ..... 1/12/11Waiver requests handled by committee, amendments to ch 8 Filed **ARC 9323B** ..... 1/12/11**VOLUNTEER SERVICE, IOWA COMMISSION ON[817]**Iowa youth mentoring program certification, 8.1 to 8.6 Notice **ARC 9341B** ..... 1/26/11**ADMINISTRATIVE RULES REVIEW COMMITTEE MEMBERS**

Regular, statutory meetings are held the second Tuesday of each month at the seat of government as provided in Iowa Code section 17A.8. A special meeting may be called by the Chair at any place in the state and at any time.

**EDITOR'S NOTE: Terms ending April 30, 2011.**Senator Merlin Bartz  
2081 410th Street  
Grafton, Iowa 50440Representative David Heaton  
510 East Washington Street  
Mt. Pleasant, Iowa 52641Senator Thomas Courtney  
2200 Summer Street  
Burlington, Iowa 52601Representative Rick Olson  
3012 East 31st Court  
Des Moines, Iowa 50317Senator Wally Horn  
101 Stoney Point Road, SW  
Cedar Rapids, Iowa 52404Representative Janet Petersen  
4300 Beaver Hills Drive  
Des Moines, Iowa 50310Senator John P. Kibbie  
P.O. Box 190  
Emmetsburg, Iowa 50536Representative Dawn Pettengill  
P.O. Box 76  
Mt. Auburn, Iowa 52313Senator James Seymour  
901 White Street  
Woodbine, Iowa 51579Representative Linda Upmeyer  
2175 Pine Avenue  
Garner, Iowa 50438Joseph A. Royce  
**Legal Counsel**  
Capitol  
Des Moines, Iowa 50319  
Telephone (515)281-3084  
Fax (515)281-8451Brenna Findley  
**Administrative Rules Coordinator**  
Governor's Ex Officio Representative  
Capitol, Room 18  
Des Moines, Iowa 50319  
Telephone (515)281-5211

**ECONOMIC DEVELOPMENT, IOWA DEPARTMENT OF[261]**

Iowa main street program, 39.1 to 39.11 IAB 1/12/11 <b>ARC 9336B</b>	Northwest First Floor Conference Room 200 E. Grand Ave. Des Moines, Iowa	February 1, 2011 10 to 11 a.m.
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**HOMELAND SECURITY AND EMERGENCY MANAGEMENT DIVISION[605]**

Emergency management performance grant—allocation and distribution process, 7.7 IAB 1/26/11 <b>ARC 9345B</b>	Auditorium Western Iowa Tech Community College Cherokee, Iowa	February 15, 2011 7 p.m.
	Red Oak Fire Station 1904 North Broadway St. Red Oak, Iowa	February 22, 2011 7 p.m.
	Room 5, Rural Health Education Center Indian Hills Community College 525 Grandview Ave. Ottumwa, Iowa	February 24, 2011 7 p.m.
	Floyd County Courthouse 101 South Main St. Charles City, Iowa	February 28, 2011 7 p.m.
	Johnson Cty. Emergency Operations Center 4529 Melrose Ave. Iowa City, Iowa	March 1, 2011 7 p.m.
	Polk Cty. Emergency Operations Center 1907 Carpenter Ave. (east entrance) Des Moines, Iowa	March 8, 2011 7 p.m.

**INSURANCE DIVISION[191]**

Autism spectrum disorders coverage, 35.40 IAB 1/26/11 <b>ARC 9340B</b>	330 Maple St. Des Moines, Iowa	February 17, 2011 10 a.m.
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**NATURAL RESOURCE COMMISSION[571]**

Public access to private land for hunting; landowner grants for wildlife habitat, 22.10 to 22.15 IAB 1/12/11 <b>ARC 9325B</b>	Fourth Floor East Conference Room Wallace State Office Bldg. Des Moines, Iowa	February 3, 2011 1 p.m.
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**PROFESSIONAL LICENSURE DIVISION[645]**

Massage therapists—renewal notices, 131.8(1) IAB 1/12/11 <b>ARC 9319B</b>	Fifth Floor Board Conference Room Lucas State Office Bldg. Des Moines, Iowa	February 1, 2011 9:30 to 10 a.m.
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**PUBLIC HEALTH DEPARTMENT[641]**

Emergency medical services—provider education/training/certification, ch 131 IAB 1/26/11 <b>ARC 9342B</b> <b>(ICN Teleconference System)</b>	Rooms 517 & 518, Fifth Floor Lucas State Office Bldg. Des Moines, Iowa  Teleconference Access: 1-866-685-1580 (Conference Code: 5152810437)	February 18, 2011 9 to 11 a.m.
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**REAL ESTATE COMMISSION[193E]**

Licensee provision of proof of  
insurability, 19.6(8)  
IAB 1/26/11 **ARC 9338B**

Professional Licensing Conference Room  
Second Floor  
1920 SE Hulsizer Rd.  
Ankeny, Iowa

February 15, 2011  
1 p.m.

**VOLUNTEER SERVICE, IOWA COMMISSION ON[817]**

Iowa youth mentoring program  
certification, 8.1 to 8.6  
IAB 1/26/11 **ARC 9341B**

Iowa Tourism Room  
200 E. Grand Ave.  
Des Moines, Iowa

February 18, 2011  
1 to 2 p.m.

The following list will be updated as changes occur.

“Umbrella” agencies and elected officials are set out below at the left-hand margin in CAPITAL letters.

Divisions (boards, commissions, etc.) are indented and set out in lowercase type under their statutory “umbrellas.”

Other autonomous agencies are included alphabetically in SMALL CAPITALS at the left-hand margin.

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**ARC 9345B****HOMELAND SECURITY AND EMERGENCY  
MANAGEMENT DIVISION[605]****Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code sections 17A.3 and 29C.8(3)“c,” the Homeland Security and Emergency Management Division proposes to amend Chapter 7, “Local Emergency Management,” Iowa Administrative Code.

The Homeland Security and Emergency Management Division proposes to amend rule 605—7.7(29C) to update the allocation and distribution process for Emergency Management Performance Grant pass-through moneys received from the federal Department of Homeland Security. These amendments specify that the 50 percent pass-through amount will be allocated to local emergency management commissions using a combination of the existing formula and a new formula in which 60 percent of available funds are allocated based on an equal share for all applicants, 20 percent of available funds are allocated based on population, and 20 percent of available funds are allocated based on the assessed value of property within a commission’s jurisdiction. Over the course of five years, the allocation process will completely migrate to the new formula.

These proposed amendments were developed and presented by the Iowa Emergency Management Association.

Consideration will be given to all written suggestions or comments on the proposed amendments received on or before March 8, 2011. Such written materials should be sent to the Administrator, Iowa Homeland Security and Emergency Management Division, 7105 N.W. 70th Avenue, Camp Dodge, Building W-4, Johnston, Iowa 50319; fax (515)725-3260.

Also, the Division will conduct six public hearings at the following times and locations:

February 15, 2011	7 p.m.	Auditorium Western Iowa Tech Community College Cherokee
February 22, 2011	7 p.m.	Red Oak Fire Station 1904 North Broadway Street Red Oak
February 24, 2011	7 p.m.	Indian Hills Community College 525 Grandview Avenue Rural Health Education Center Building, Room 5 Ottumwa
February 28, 2011	7 p.m.	Floyd County Courthouse 101 South Main Street Charles City
March 1, 2011	7 p.m.	Johnson County Emergency Operations Center 4529 Melrose Avenue Iowa City
March 8, 2011	7 p.m.	Polk County Emergency Operations Center 1907 Carpenter Avenue (east entrance) Des Moines

## HOMELAND SECURITY AND EMERGENCY MANAGEMENT DIVISION[605](cont'd)

At all hearings, persons may present their views either orally or in writing. At the hearings, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendments.

Any persons who intend to attend a public hearing and have special requirements, such as those relating to hearing or mobility impairments, should contact the Homeland Security and Emergency Management Division at (515)725-3231 to advise of specific needs.

These amendments are intended to implement Iowa Code chapter 29C.

The following amendments are proposed.

ITEM 1. Amend subrule 7.7(1) as follows:

**7.7(1) Eligibility.** Local or joint emergency management commissions may be eligible for funding under the ~~state and~~ emergency management performance grant program by meeting the requirements, conditions, duties and responsibilities for emergency management commissions and ~~county local~~ emergency management coordinators established in rules ~~605—7.3(29C) and 605—7.4(29C)~~. ~~In addition, the local commission shall ensure that the coordinator works an average of 20 hours per week or more toward the emergency management effort. Joint commissions shall ensure that the coordinator works an average of 40 hours per week toward the emergency management effort.~~

ITEM 2. Amend subrule 7.7(3) as follows:

**7.7(3) Allocation and distribution of funds.** EMPG funds shall be allocated and distributed in accordance with methods listed in paragraphs “a” and “b” of this subrule. Beginning with the federal fiscal year immediately following [insert effective date of this amendment], 100 percent of the funds shall be allocated and distributed based on Method A. In subsequent years, funds shall be allocated and distributed as follows:

<u>Year 2</u>	<u>75 percent based on Method A, 25 percent based on Method B</u>
<u>Year 3</u>	<u>50 percent based on Method A, 50 percent based on Method B</u>
<u>Year 4</u>	<u>25 percent based on Method A, 75 percent based on Method B</u>
<u>Year 5 and thereafter</u>	<u>100 percent based on Method B</u>

*a. Method A.*

~~a. (1)~~ The homeland security and emergency management division shall allocate funds to eligible local or joint commissions within 45 days of receipt of notice from the federal Department of Homeland Security, Preparedness Directorate, Office of Grants and Training, that such funds are available. The division shall use a formula for the allocation of funds based upon the number of eligible ~~applicants~~ commissions, the part-time or full-time status of the coordinator, a 50 percent equal-share base, and a 50 percent population base. The total allocation of funds for ~~an applicant a commission~~ may not exceed the lesser of \$39,000 or the amount requested by the applicant commission.

~~b. (2)~~ The formula shall be applied in the following manner: The pass-through amount is divided equally between an equal-share base and a population base.

~~(1)~~ 1. The total amount of ~~total~~ equal-share base dollars is divided by the total number of EMPG ~~counties~~ commissions to establish a per-~~county~~ commission average. For ~~counties~~ commissions with part-time coordinators, the per-~~county~~ commission average is reduced by 50 percent to determine the part-time ~~county~~ commission allocation. The total baseline dollar amount, minus the cumulative total dollars already allocated to part-time ~~counties~~, commissions is then divided by the total number of ~~counties~~ commissions with full-time coordinators to determine the full-time ~~county~~ commission allocation.

~~(2)~~ 2. The population base amount for each ~~county~~ commission is determined by adding the populations of all ~~counties~~ eligible commissions together; then each ~~county's~~ commission's population is divided by that total population to determine a percentage. The total population base dollars are then multiplied by a ~~county's~~ commission's percentage to determine that ~~county's~~ commission's share of the population base dollars. The commission's population shall be determined by the population of the county or the sum of the population of the counties in the commission's jurisdiction.

## HOMELAND SECURITY AND EMERGENCY MANAGEMENT DIVISION[605](cont'd)

~~e.~~ (3) Funds will be reimbursed to local and joint commissions on a federal fiscal year, quarterly basis; and such reimbursement will be based on eligible claims made against the local or joint commission's allocation. In no case will the allocation or reimbursement of funds be greater than one-half of the total cost of eligible emergency management-related expenses.

b. Method B.

(1) The homeland security and emergency management division shall allocate funds to eligible local or joint commissions within 45 days of receipt of notice from the federal Department of Homeland Security, Preparedness Directorate, Office of Grants and Training, that such funds are available. The division shall use a formula for the allocation of funds based upon the number of eligible applicants, a 60 percent equal-share base, a 20 percent population base, and a 20 percent total assessed value of property within the commission's jurisdiction.

(2) The formula shall be applied in the following manner: 60 percent of the pass-through amount is allocated based on equal share; 20 percent of the pass-through amount is allocated based on population; and 20 percent of the pass-through amount is allocated based on assessed value of property within the commission's jurisdiction.

1. The total amount of equal-share base dollars is divided by the total number of EMPG-eligible commissions.

2. The population base amount for each commission is determined by adding the populations of all eligible commissions together; then each commission's population is divided by that total population to determine a percentage. The total population base dollars are then multiplied by a commission's percentage to determine that commission's share of the population base dollars. Population is determined according to the most recent federally certified census.

3. The assessed value base amount for each commission is determined by adding the assessed values of property in all eligible commissions together; then each commission's assessed value of property is divided by the total assessed value of property in eligible commissions to determine a percentage. The total assessed value base dollars are then multiplied by the commission's percentage to determine the commission's share of the assessed value dollars. The assessed values are determined from the most recent full assessed values according to the Iowa State Association of Counties financial overview and its original sources.

(3) Funds will be reimbursed to local and joint commissions on a federal fiscal year, quarterly basis; and such reimbursement will be based on eligible claims made against the local or joint commission's allocation. In no case will the allocation or reimbursement of funds be greater than one-half of the total cost of eligible emergency management-related expenses.

ITEM 3. Amend paragraph 7.7(6)"a" as follows:

a. *Informal corrective action.* As a first and basic step to correcting nonperformance, a designated member of the state homeland security and emergency management division staff will visit, call or write the local coordinator or commission chairperson to determine the reason for nonperformance and seek an agreeable resolution.

ITEM 4. Amend paragraph 7.7(7)"h" as follows:

h. Any emergency management ~~perforee~~ performance grant program funds withheld or recovered by the division as a result of this process shall be reallocated at the end of the federal fiscal year to the remaining eligible participating counties commissions in accordance with the provisions of this rule. Any supplemental emergency management performance grant program funds received by the division shall be allocated to eligible participating commissions in accordance with the provisions of this rule.

**ARC 9340B****INSURANCE DIVISION[191]****Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code section 514C.28(12), the Insurance Division hereby gives Notice of Intended Action to amend Chapter 35, “Accident and Health Insurance,” Iowa Administrative Code.

The proposed amendment implements Iowa Code section 514C.28, which requires a group health plan established for employees of the state of Iowa to provide coverage benefits to covered individuals under 21 years of age for the diagnostic assessment of autism spectrum disorders and for the treatment of autism spectrum disorders.

Chapter 35 does not provide for waivers. Persons seeking waivers must petition the Division for a waiver in the manner set forth under 191—Chapter 4.

Any interested person may make written comments on the proposed amendment on or before February 17, 2011. Written comments may be sent to Angela Burke Boston, Assistant Commissioner, Insurance Division, 330 Maple Street, Des Moines, Iowa 50319. Comments may also be submitted electronically to [angela.burke.boston@iid.iowa.gov](mailto:angela.burke.boston@iid.iowa.gov).

A public hearing will be held at the office of the Insurance Division at 10 a.m. on February 17, 2011. The Division is located at 330 Maple Street, Des Moines, Iowa.

This amendment is intended to implement Iowa Code section 514C.28.

The following amendment is proposed.

Adopt the following **new** rule 191—35.40(514C):

**191—35.40(514C) Autism spectrum disorders coverage.**

**35.40(1) Purpose.** This rule implements Iowa Code section 514C.28, relating to autism spectrum disorders coverage in a group plan established pursuant to Iowa Code chapter 509A for employees of the state providing for third-party payment or prepayment of health, medical, and surgical coverage benefits.

**35.40(2) Definitions.** For purposes of this rule, the definitions found in Iowa Code section 514C.28(2) shall apply. In addition, the following definitions shall apply:

“*Autism spectrum disorders*” means the following neurological disorders as defined under the following diagnostic classes within the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, edition DSM-IV-TR:

1. Autistic disorders. Diagnostic code 299.00.
2. Rett’s Disorder. Diagnostic code 299.80.
3. Childhood Disintegrative Disorder. Diagnostic code 299.10.
4. Asperger’s Disorder. Diagnostic code 299.80.
5. Pervasive Developmental Disorder NOS. Diagnostic code 299.80.
6. Unspecified pervasive developmental disorder. Diagnostic code 299.9.

“*Commissioner*” means the commissioner of insurance.

**35.40(3) Services.** A group plan is not required to provide coverage for any of the following:

- a. Acupuncture.
- b. Animal-based therapy including hippotherapy.
- c. Auditory integration training.
- d. Chelation therapy.
- e. Child care.

INSURANCE DIVISION[191](cont'd)

- f.* Cranial sacral therapy.
- g.* Custodial or respite care.
- h.* Hyperbaric oxygen therapy.
- i.* Special diets or supplements.

**35.40(4) *Drugs and devices.*** Pharmaceuticals and durable medical equipment shall be covered in compliance with the terms of the insured's policy and shall not accrue towards the annual maximum benefit amount of \$36,000.

**35.40(5) *Parents or legal guardians of children diagnosed with autism spectrum disorders.*** A group plan shall not be required to pay for treatment rendered by parents or legal guardians who are otherwise qualified providers, supervising providers, therapists, professionals or paraprofessionals for treatment rendered to their own children.

**35.40(6) *Locations for services.***

*a.* A group plan shall provide coverage for treatments, therapies and services to an insured diagnosed with autism spectrum disorders by an autism service provider in locations including the provider's office or clinic or in a setting conducive to the acquisition of the target skill. Treatments may be provided in schools when the treatments, therapies, and services are related to the goals of the treatment plan and do not duplicate services provided by a school.

*b.* A group health plan is not required to provide coverage for therapy, treatment or services when the therapy, treatment or services are provided to an insured who is residing in a residential treatment center or inpatient treatment or day treatment facility.

**35.40(7) *Verification of qualified provider.*** A group health plan is required to verify the licensure, certification and all training or other credentials of a qualified provider or health professional.

**35.40(8) *Annual publication CPI adjustment.*** The commissioner shall publish on or before April 1 of each year beginning April 1, 2014, an adjustment to the required maximum benefit equal to the percentage change in the United States Department of Labor Consumer Price Index for all urban consumers in the preceding year. The adjusted maximum benefit published each April shall be used by group health plans in order to comply with this rule and shall be effective January 1 for group plans issued or renewed on or after January 1 of the following calendar year.

**35.40(9) *Notice to insureds.*** A group plan shall provide written notice to the insured regarding claims submitted and processed for the treatment of autism spectrum disorders and shall include the total amount expended to date for the current policy year. The notice may be included with the explanation of benefits form or in a separate communication provided on a periodic basis during the course of treatment.

This rule is intended to implement Iowa Code section 514C.28.

**ARC 9342B**

## **PUBLIC HEALTH DEPARTMENT[641]**

### **Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code section 147A.4, the Iowa Department of Public Health hereby gives Notice of Intended Action to rescind Chapter 131, “Emergency Medical Services Provider Education/Training/Certification,” Iowa Administrative Code, and to adopt a new Chapter 131 with the same title.

The rules in Chapter 131 describe the standards for the education, training, and certification of emergency medical care providers and establish a standard of conduct for training programs, students, and providers.

A summary of the major changes from the existing rules follows.

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

Definitions for “advanced emergency medical technician,” “emergency medical responder,” “emergency medical technician,” and “paramedic” have been added.

The definition for “endorsement” has been revised, and the definition for “emergency rescue technician” has been removed.

Rule 641—131.2(147A) has been revised to include the certification levels of EMT, AEMT and Paramedic.

In subrule 131.3(3), paragraph “b,” the January 2011 Scope of Practice for Iowa EMS Providers is adopted by reference.

In subrule 131.4(1), the National Registry of Emergency Medical Technicians (NREMT) is identified as the certification testing standard.

A new subrule 131.4(3) concerning the transition of current emergency medical care providers to the newly identified levels is added, and the content of existing subrule 131.4(3) is now contained in subrule 131.4(4).

In subrule 131.4(5), which is numbered as 131.4(4) in existing Chapter 131, the newly identified certification levels are incorporated into the renewal requirements, and late renewal applicants are required to report continuing education using the form provided by the Department.

Existing subrule 131.4(5) pertaining to renewal by testing has been deleted.

In subrule 131.4(6), specific continuing education hours are applied to college credit courses.

In subrule 131.4(8), newly identified certification levels are added.

In subrule 131.4(9), current registration with the NREMT is now required for individuals applying for certification by reciprocity in Iowa.

Existing subrule 131.4(10) regarding temporary certification by endorsement has been deleted, and existing subrules 131.4(11) and 131.4(12) are numbered as 131.4(10) and 131.4(11) in new Chapter 131.

In subrule 131.5(1), new education standards are identified for EMR, EMT, AEMT and Paramedic training, and training programs are permitted to waive portions of training for previous emergency medical care provider experience.

In subrule 131.5(10), training programs concluding Paramedic courses after December 31, 2012, must have received, or be in the process of receiving, accreditation by the Committee on Accreditation for the Emergency Medical Services Professions.

New subrule 131.7(2) contains language to reflect methods of discipline identified in Iowa Code chapter 272C, including reexamination, requiring additional training, and restricting specific procedures, methods, acts or activities.

The content of existing subrule 131.7(2) relating to grounds for discipline is now contained in subrule 131.7(3).

In subrule 131.8(2), methods of discipline have been reformatted, and content relating to grounds for discipline has been moved to new subrule 131.8(3).

Any interested person may make written suggestions or comments on the proposed rules on or before February 15, 2011. Such written comments should be directed to Kirk Schmitt, Bureau of EMS, Department of Public Health, 321 East 12th Street, Des Moines, Iowa 50319. E-mail may be sent to [kschmitt@idph.state.ia.us](mailto:kschmitt@idph.state.ia.us).

Also, there will be a public hearing on February 18, 2011, from 9 to 11 a.m., at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the rules.

The public hearing will originate from Rooms 517 and 518 on the fifth floor of the Lucas State Office Building and will be accessible over the Iowa Communications Network (ICN) teleconference system by calling 1-866-685-1580 and entering the conference code 5152810437 when prompted.

Any persons who intend to attend the public hearing and have special requirements, such as those relating to hearing or mobility impairments, should contact the Department of Public Health and advise of specific needs.

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

The following amendment is proposed.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

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

CHAPTER 131  
EMERGENCY MEDICAL SERVICES—PROVIDER  
EDUCATION/TRAINING/CERTIFICATION

**641—131.1(147A) 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 NREMT practical and cognitive examinations for the AEMT, and is currently certified by the department as an AEMT.

“*Automated external defibrillator*” or “*AED*” means an external semiautomatic device that determines whether defibrillation is required.

“*Candidate*” means an individual who has successfully completed a course of study at an EMR, EMT, AEMT or paramedic or other level certified by the department and who has been recommended by a training program for NREMT certification examination.

“*CECBEMS*” means the continuing education coordinating board for emergency medical services.

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

“*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 a condition placed on an individual certificate for identification as active, deceased, denied, dropped, expired, failed, hold, idle, inactive, incomplete, pending, probation, restricted, retired, revoked, surrendered, suspended, or temporary.

“*Continuing education*” means department-approved training which is obtained by a certified emergency medical care provider to maintain, improve, or expand relevant skills and knowledge and to satisfy renewal of certification requirements.

“*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.

“*CPR*” means training and successful course completion in cardiopulmonary resuscitation, AED, and obstructed airway procedures for all age groups according to recognized national standards.

“*Critical care paramedic*” or “*CCP*” means a currently certified paramedic specialist 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.

“*Current course completion*” means written recognition given for training and successful course completion of CPR with an expiration date or a recommended renewal date that exceeds the current date.

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

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

“*DOT*” means the United States Department of Transportation.

“*Emergency medical care*” means such medical procedures as:

1. Administration of intravenous solutions.
2. Intubation.
3. Performance of cardiac defibrillation and synchronized cardioversion.
4. Administration of emergency drugs as provided by protocol.
5. Any medical procedure authorized by subrule 131.3(3).

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

*“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 who has been issued a certificate by the department.

*“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 NREMT practical 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 NREMT practical and cognitive examinations for the EMT, and is currently certified by the department as an EMT.

*“Emergency medical technician-ambulance”* or *“EMT-A”* means an individual who has successfully completed the 1984 United States Department of Transportation’s Emergency Medical Technician-Ambulance curriculum, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-A.

*“Emergency medical technician-basic”* or *“EMT-B”* means an individual who has successfully completed the current United States Department of Transportation’s Emergency Medical Technician-Basic curriculum and department enhancements, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-B.

*“Emergency medical technician-defibrillation”* or *“EMT-D”* means an individual who has successfully completed an approved program which specifically addresses manual or automated defibrillation, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-D.

*“Emergency medical technician-intermediate”* or *“EMT-I”* means an individual who has successfully completed an EMT-Intermediate curriculum approved by the department, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-I.

*“Emergency medical technician-paramedic”* or *“EMT-P”* means an individual who has successfully completed the current United States Department of Transportation’s EMT-Intermediate curriculum (1999) or the 1985 or earlier DOT EMT-P curriculum, has passed the department’s approved written and practical examinations, and is currently certified by the department as an EMT-P.

*“EMS advisory council”* means the council appointed by the director, pursuant to Iowa Code chapter 147A, to advise the director and develop policy recommendations concerning regulation, administration, and coordination of emergency medical services in the state.

*“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.

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

*“First responder”* or *“FR”* means an individual who has successfully completed the current United States Department of Transportation’s first responder curriculum and department enhancements, has passed the department’s approved written and practical examinations, and is currently certified by the department as an FR.

*“First responder-defibrillation”* or *“FR-D”* means an individual who has successfully completed an approved program that specifically addresses defibrillation, has passed the department’s approved written and practical examinations, and is currently certified by the department as an FR-D.

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

*“Good standing”* means that a student or candidate is in compliance with these rules and training program requirements.

*“Idle”* means the status of a lower certification level when a higher certification level is held.

*“Inactive”* means the status of a certification level when an individual requests inactive status or moves from a higher certification level to a lower certification level that was previously idle.

*“NCA”* means North Central Association of Colleges and Schools.

*“NREMT”* means National Registry of Emergency Medical Technicians.

*“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 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 who has been assigned by the training program to coordinate the activities of an emergency medical care provider course held outside the training program facilities.

*“Paramedic”* 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 NREMT practical and cognitive examination for the paramedic, and is currently certified by the department as a paramedic.

*“Paramedic specialist”* or *“PS”* means an individual who has successfully completed the current United States Department of Transportation’s EMT-Paramedic curriculum (1999) or equivalent, has passed the department’s approved written and practical examinations, and is currently certified by the department as a paramedic specialist.

*“Patient”* means an individual who is sick, injured, or otherwise incapacitated.

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

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

*“Physician designee”* means a registered nurse licensed under Iowa Code chapter 152 or any physician assistant licensed under Iowa Code chapter 148C and approved by the board of physician assistants. The physician designee acts as an intermediary for a supervising physician in accordance with written policies and protocols in directing the care provided by emergency medical care providers.

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

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

*“Protocols”* means written directions and orders consistent with the department’s standard of care that are to be followed by an emergency medical care provider in emergency and nonemergency situations. Protocols must be approved by the service program’s medical director and address the care of both adult and pediatric patients.

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

*“Service program”* or *“service”* means any medical care ambulance service or nontransport service that has received authorization from the department.

*“Service program area”* means the geographic area of responsibility served by any given ambulance or nontransport service program.

*“Student”* means any individual enrolled in a training program and participating in the didactic, clinical, or field experience portion of the program.

*“Training program”* means an Iowa college approved by the North Central Association of Colleges and Schools or an Iowa hospital authorized by the department to conduct emergency medical care training.

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

“*Training program director*” means an appropriate 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 directing an emergency medical care training program.

**641—131.2(147A) Emergency medical care providers—requirements for enrollment in training programs.** To be enrolled in an EMS training program course leading to certification by the department, an applicant shall:

1. Be at least 17 years of age at the time of enrollment.
2. Have a high school diploma or its equivalent if enrolling in an AEMT or paramedic course.
3. Be able to speak, write and read English.
4. Hold a current course completion card in CPR if enrolling in an EMT, AEMT or paramedic course.
5. Be currently certified, as a minimum, as an EMT if enrolling in an AEMT or paramedic course. If an applicant is currently nationally registered but not certified in Iowa, the applicant must submit an endorsement application to the department within 14 days after the course start date.
6. 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.
7. Be currently certified as a paramedic if enrolling in a CCP course.

**641—131.3(147A) Emergency medical care providers—authority.**

**131.3(1)** Authority of emergency medical care personnel. An emergency medical care provider who holds an active certification issued by the department may:

*a.* Render, via on-line medical direction, emergency and nonemergency medical care in those areas for which the emergency medical care provider is certified as part of an authorized service program:

- (1) At the scene of an emergency;
- (2) During transportation to a hospital;
- (3) While in the hospital emergency department;
- (4) Until patient care is directly assumed by a physician or by authorized hospital personnel; and
- (5) During transfer from one medical care facility to another or to a private home.

*b.* Function in any hospital or any other entity in which health care is ordinarily provided only when under the direct supervision of a physician when:

- (1) Enrolled as a student in, and approved by, a training program;
- (2) Fulfilling continuing education requirements;
- (3) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only 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;

- (4) Employed by or assigned to a hospital or other entity in which health care is ordinarily provided only 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

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

registered nurse, including when the registered nurse is not acting in the capacity of a physician designee, and where the procedure may be immediately abandoned without risk to the patient.

**131.3(2)** When emergency medical care personnel are functioning in a capacity identified in 131.3(1)“a,” they may perform emergency and nonemergency medical care without contacting a supervising physician or physician designee if written protocols have been approved by the service program medical director which clearly identify when the protocols may be used in lieu of voice contact.

**131.3(3)** Scope of practice.

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

b. Scope of Practice for Iowa EMS Providers (January 2011) 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 administrative rules, the administrative rules shall prevail.

c. The department may grant a variance for changes to the Scope of Practice that have not yet been adopted by reference in these rules. A variance to these rules may be granted by the department pursuant to 641—subrule 132.14(1).

d. Scope of Practice for Iowa EMS Providers is available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

**131.3(4)** The department may approve emergency medical pilot project(s) on a limited basis. Requests for a pilot project application shall be made to the department.

**131.3(5)** 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.

**641—131.4(147A) Emergency medical care providers—certification, renewal standards, procedures, continuing education, and fees.**

**131.4(1)** *Student application and candidate examination.*

a. Applicants shall complete the EMS Student Registration within 14 days after the beginning of the course. The EMS Student Registration shall be completed via the bureau of EMS Web site at [www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems).

b. Upon satisfactory completion of the course and all training program requirements, including payment of appropriate fees, a candidate shall be recommended by a training program to take the appropriate NREMT certification examination. A candidate is not eligible to continue functioning as a student in the clinical and field settings and must obtain state certification to perform appropriate skills.

c. A candidate shall submit an EMS Certification Application form to the department. EMS Certification Application forms are provided by the department.

d. When a student’s EMS Student Registration or a candidate’s EMS Certification Application is referred to the department for investigation or when a student or candidate is otherwise under investigation by the department, the individual shall not be eligible for certification, and the practical examination results will not be confirmed with the NREMT, until the individual is approved by the department.

e. The fee for certification as an emergency medical care provider is \$30, payable to the Iowa Department of Public Health. This nonrefundable fee shall be paid prior to a candidate’s receiving certification.

f. A candidate must successfully complete the NREMT practical and cognitive examinations to be eligible for state certification.

g. The practical examination may be conducted by an authorized training program and must be conducted according to the policies and procedures of the NREMT.

h. A candidate must meet all certification requirements within two years of the initial course completion date. If a candidate is unable to complete the requirements within two years due to medical

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

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.

*i.* Examination scores shall be confidential except that they may be released to the training program that provided the training or to other appropriate state agencies or released in a manner which does not permit the identification of an individual.

*j.* An applicant for EMS-I endorsement shall successfully complete an EMS-Instructor curriculum approved by the department.

**131.4(2) Multiple certificates and renewal.**

*a.* The department shall consider the highest level of certification attained to be active. Any lower levels of certification shall be considered idle.

*b.* A lower-level certificate may be issued if the individual fails to renew the higher level of certification or voluntarily chooses to move from a higher level to a lower level. To be issued a certificate in these instances, an individual shall:

(1) Complete all applicable continuing education requirements for the lower level during the certification period and submit a change of status request, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

(2) Complete and submit to the department an EMS Affirmative Renewal of Certification Application and the applicable fee.

(3) Complete the reinstatement process in 131.4(4)“*f*” if renewal of the higher level is requested later.

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

**131.4(3) Certification transition.**

*a.* An individual certified as a first responder based on the 1996 National Standard Curriculum for First Responders, an EMT-B, an EMT-I, an EMT-P or a PS shall complete the following certification transition requirements. Transition documents for each level are available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).

*b.* FR transition to EMR.

(1) The FR shall complete training identified in the FR to EMR Documentation (January 2011).

(2) The FR shall verify completion of training on the Affirmative Renewal of Certification Application by the certification’s regular expiration date prior to October 1, 2014.

(3) An FR who does not complete the transition requirements will not satisfy the renewal requirements for the certification period immediately prior to October 1, 2014.

*c.* EMT-B transition to EMT.

(1) The EMT-B shall complete training identified in the EMT-B to EMT Documentation (January 2011).

(2) The EMT-B shall verify completion of training on the Affirmative Renewal of Certification Application by the certification’s regular expiration date prior to April 1, 2015.

(3) An EMT-B who does not complete the transition requirements will not satisfy the renewal requirements for the certification period immediately prior to April 1, 2015.

*d.* EMT-I transition to AEMT.

(1) The EMT-I shall submit documentation of training identified in the EMT-I to AEMT Documentation (January 2011) to the department.

(2) The EMT-I shall successfully complete the NREMT computer-based AEMT examination.

(3) A provider certified as an EMT-I who has not completed the transition to AEMT will be issued an EMT certification on April 1, 2016.

*e.* EMT-P transition to paramedic.

(1) The EMT-P shall submit documentation of training identified in the EMT-P to Paramedic Documentation (January 2011) to the department.

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- (2) The EMT-P shall successfully complete the NREMT computer-based paramedic examination.
- (3) A provider certified as an EMT-P who has not completed the transition to paramedic will be issued an AEMT certification on April 1, 2018.

*f.* PS transition to paramedic.

- (1) The PS shall complete training identified in the PS to Paramedic Documentation (January 2011).
- (2) The PS shall verify completion of training on the Affirmative Renewal of Certification Application by the certification's regular expiration date prior to April 1, 2015.
- (3) A PS who does not complete the transition requirements will not satisfy the renewal requirements for the certification period immediately prior to April 1, 2015.

**131.4(4)** *Renewal of certification.*

*a.* A certificate shall be valid for two years from issuance unless specified otherwise on the certificate or unless sooner suspended or revoked.

*b.* All continuing education requirements shall be completed during the certification period prior to the certificate's expiration date. Failure to complete the continuing education requirements prior to the expiration date shall result in an expired certification, unless the emergency medical care provider requests an extension as described in 131.4(11) "b."

*c.* An emergency medical care provider shall submit the EMS Affirmative Renewal of Certification Application to the department within 90 days prior to the expiration date. Failure to submit a renewal application to the department within 90 days prior to the expiration date (date of submission is based upon the postmark date) shall cause the current certification to expire.

*d.* An emergency medical care provider shall not function with an expired certification.

*e.* An emergency medical care provider who completes the required continuing education during the certification period but fails to submit the EMS Affirmative Renewal of Certification Application within 90 days prior to the expiration date shall be required to submit a late fee of \$30 (in addition to the renewal fee) and complete the audit process pursuant to 131.4(5) "i" to obtain renewal of certification.

*f.* An emergency medical care provider who has not completed the required continuing education during the certification period or who is seeking to reinstate an expired, inactive, or retired certificate shall:

- (1) Complete a refresher course or equivalent approved by the department.
- (2) Meet all applicable eligibility requirements.
- (3) Submit an EMS Reinstatement Application and the applicable fees to the department.
- (4) Pass the appropriate practical and cognitive certification examinations.

*g.* An emergency medical care provider may request an inactive or retired status for a certificate. The request must be made by submitting a change of status request, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)). Reinstatement of an inactive or retired certificate shall be made pursuant to 131.4(4) "f." A request for inactive or retired status, when accepted in connection with a disciplinary investigation or proceeding, has the same effect as an order of revocation.

*h.* 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 Affirmative Renewal of Certification Application, all appropriate fees and documentation of assignment.

**131.4(5)** *Continuing education renewal standards.* The following standards apply to renewal through continuing education:

*a.* An applicant shall sign and submit an Affirmative Renewal of Certification Application provided by the department and submit the applicable fee within 90 days prior to the certificate's expiration date.

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*b.* An applicant shall complete the continuing education requirements, including current course completion in CPR, during the certification period for the following emergency medical care provider levels:

- (1) EMR, FR, FR-D—12 hours of approved continuing education.
- (2) EMT, EMT-A, EMT-B, EMT-D—24 hours of approved continuing education.
- (3) AEMT, EMT-I—36 hours of approved continuing education.
- (4) EMT-P—48 hours of approved continuing education.
- (5) PS, paramedic—60 hours of approved continuing education.
- (6) EMS-I—Attend at least one EMS-I workshop sponsored by the department.
- (7) CCP—8 hours of approved CCP core curriculum topics.

*c.* At least 50 percent of the required hours for renewal shall be formal continuing education including, but not limited to, refresher programs, seminars, lecture programs, scenario-based programs, conferences, and Internet-delivered courses approved by CECBEMS and shall meet the criteria established in 131.4(6) “*d.*”

*d.* Up to 50 percent of the required continuing education hours may be made up of any of the following:

- (1) Nationally recognized EMS-related courses.
- (2) EMS self-study courses.
- (3) Medical director or designee case reviews.
- (4) Clinical rounds with medical team (grand rounds).
- (5) Working with students as an EMS field preceptor.
- (6) Hospital or nursing home clinical performance.
- (7) Skills workshops/maintenance.
- (8) Community public information education projects.
- (9) Emergency driver training.
- (10) EMS course audits.
- (11) Injury prevention or wellness initiatives.
- (12) EMS service operations, e.g., management programs, continuous quality improvement.
- (13) EMS system development meetings that occur at the county, regional or state level.
- (14) Disaster preparedness.
- (15) Emergency runs/responses as a volunteer member of an authorized EMS service program (primary attendant).
- (16) EMS-Instructor development.

*e.* Additional hours may be allowed for any of the following (maximum):

- (1) CPR—2 hours.
- (2) Disaster drill—4 hours.
- (3) Rescue—4 hours.
- (4) Hazardous materials—8 hours.
- (5) Practical examination evaluator—4 hours.
- (6) Topics outside the provider’s core curriculum—8 hours.

*f.* With training program approval, a person who is not enrolled in an emergency medical care provider course may audit the course for CEHs.

*g.* The certificate holder must notify the department within 30 days of a change in address.

*h.* The certificate holder shall maintain a file containing documentation of CEHs accrued during each certification period for four years from the end of each certification period.

*i.* A group of individual certificate holders will be audited for each certification period. Certificate holders to be audited will be chosen in a random manner or at the discretion of the bureau of EMS. Falsifying reports or failure to comply with the audit request may result in formal disciplinary action. Certificate holders who are audited will be required to submit an Audit Report Form provided by the department within 45 days of the request. If audited, the certificate holders must provide the following information:

- (1) Date of program.

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- (2) Program sponsor number.
- (3) Title of program.
- (4) Number of approved hours.
- (5) Appropriate supervisor signatures if clinical or practical evaluator hours are claimed.

*j.* An EMS instructor who teaches EMS initial or continuing education courses may use those courses for renewal as approved under subrule 131.4(6).

**131.4(6) Continuing education approval.** The following standards shall be applied for approval of continuing education:

*a.* Required CEHs identified in 131.4(5) “*c*” shall be approved by the department, CECBEMS, or an authorized EMS training program, using a sponsor number assignment system approved by the department.

*b.* Optional CEHs identified in 131.4(5) “*d*” and 131.4(5) “*e*” require no formal sponsor number; however, CEHs awarded shall be verified by an authorized EMS training program, a national EMS continuing education accreditation entity, a service program medical director, an appropriate community sponsor, or the department. Documentation of CEHs awarded shall include the date and title of the program or event, the number of hours approved, and the applicable signatures.

*c.* Courses in physical, social or behavioral sciences offered by accredited colleges and universities are approved for CEHs and need no further approval. One quarter credit equals 10 hours. One semester credit equals 15 hours.

*d.* Courses approved as formal education must meet the following criteria:

(1) Involve live interaction with an instructor or be an Internet-delivered course approved by CECBEMS; and

(2) Be based on the appropriate department curricula for EMS providers and include one or more of the following topic areas: airway management, patient assessment, trauma assessment and management, medical assessment and management, behavioral emergencies, obstetrics, gynecology, pediatrics, or patient care record documentation.

*e.* Programs developed and delivered by the department may be approved for formal education.

**131.4(7) Out-of-state continuing education.** Out-of-state continuing education courses will be accepted for CEHs if they meet the criteria in subrule 131.4(5) and 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 with the EMS Affirmative Renewal of Certification Application.

**131.4(8) Fees.** The following fees shall be collected by the department and shall be nonrefundable:

*a.* FR, EMR, EMT-B, EMT, EMT-I, AEMT, EMT-P, PS and paramedic certification fee—\$30.

*b.* Certification renewal fees:

(1) FR, EMR, EMT-B, and EMT—no fee.

(2) EMT-I, AEMT—\$10.

(3) EMT-P, PS and paramedic—\$25.

A certification renewal fee is refundable if the applicant’s certification renewal status is not posted on the bureau of EMS Web site in the certification database within ten working days from the date the department receives the completed renewal application.

*c.* Endorsement certification fee—\$50.

*d.* Reinstatement fee—\$30.

*e.* Late fee—\$30.

*f.* Duplicate/replacement card—\$10.

*g.* Returned check—\$20.

*h.* Extension fee—\$50.

**131.4(9) Certification through reciprocity.** An individual currently certified by the NREMT must also possess a current Iowa certificate to be considered certified in this state. The department shall contact the NREMT to verify certification or registry and good standing.

*a.* To receive Iowa certification, the individual shall:

(1) Complete and submit the EMS Reciprocity Application available from the department.

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

(2) Provide verification of current certification in another state, if applicable, and registration with the NREMT.

(3) Provide verification of current course completion in CPR.

(4) Meet all other applicable eligibility requirements necessary for Iowa certification pursuant to these rules.

(5) Submit all applicable fees to the department.

b. An individual certified through reciprocity shall satisfy the renewal and continuing education requirements set forth in subrule 131.4(4) to renew Iowa certification.

**131.4(10) National registration in lieu of continuing education.**

a. An emergency medical care provider who is certified in Iowa and is registered with the NREMT may renew certification by meeting the NREMT reregistration requirements.

b. The emergency medical care provider shall submit the NREMT Registration in Lieu of Continuing Education Application, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)), to the department, with proof of NREMT registration exceeding the current certification expiration date, within 90 days prior to the expiration date.

**131.4(11) Extension of certification.**

a. If an emergency medical care provider is unable to complete the required continuing education during the certification period due to a medical reason, an extension of certification may be issued upon submission of a signed statement from an appropriate medical provider and approval by the department. The statement must include information concerning the reason the emergency medical care provider could not complete the continuing education requirements, the time period affected, and the length of time requested for extension.

b. If an emergency medical care provider is unable to attain all continuing education requirements within the certification period, a 45-day extension may be granted. To complete the extension process, the provider shall:

(1) Submit a Request for Extension Application, available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)), at least 7 days prior to the expiration date, but no more than 90 days prior to the expiration date, and a \$50 extension fee.

(2) Be given 45 days from the current expiration date to complete continuing education requirements.

(3) Submit the EMS Affirmative Renewal of Certification Application, with all applicable renewal fees, to the department prior to the extended expiration date (date of submission is based on the postmark date).

(4) Not use continuing education completed during the extension period in the subsequent renewal period.

**641—131.5(147A) Training programs—standards, application, inspection and approval.**

**131.5(1) Education standards.**

a. A training program shall use the applicable United States Department of Transportation's Education Standards (January 2009) for courses leading to certification.

b. A training program shall use the EMS-Instructor curriculum approved by the department for courses leading to the EMS-I endorsement.

c. A training program shall use the Iowa CCP curriculum (November 2001) for courses leading to the CCP endorsement.

d. A training program may waive portions of the required emergency medical care provider training for individuals 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. The training program shall document equivalent training and what portions of the course have been waived for equivalency.

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**131.5(2) *Clinical or field experience resources.*** If clinical or field experience resources are located outside the framework of the training program, written agreements for such resources shall be obtained by the training program.

**131.5(3) *Facilities.***

*a.* A training program shall ensure adequate classroom, laboratory, and practice space to conduct the training program. A library with reference materials on emergency and critical care shall also be available.

*b.* A training program shall ensure opportunities for the student to accomplish the appropriate skill competencies in the clinical environment. The following hospital units shall be available for clinical experience for each training program as required in approved education standards pursuant to subrule 131.5(1):

- (1) Emergency department;
- (2) Intensive care unit or coronary care unit or both;
- (3) Operating room and recovery room;
- (4) Intravenous or phlebotomy team or other method to obtain IV experience;
- (5) Pediatric unit;
- (6) Labor and delivery suite and newborn nursery; and
- (7) Psychiatric unit.

*c.* A training program shall ensure opportunities for the student to accomplish the appropriate skill competencies in the field environment. The training program shall use an appropriate emergency medical care service program to provide field experience as required in approved education standards pursuant to subrule 131.5(1).

*d.* A training program shall have liability insurance and shall offer liability insurance to students while they are enrolled in the training program.

**131.5(4) *Staff.***

*a.* A training program medical director shall be a physician licensed under Iowa Code chapter 148.

*b.* A training program director who is an appropriate health care professional shall be appointed. This individual shall be a full-time educator or a practitioner in emergency or critical care.

*c.* Course coordinators, outreach course coordinators, and primary instructors used by the training program shall be currently endorsed as EMS instructors.

*d.* The instructional staff shall be comprised of physicians, nurses, pharmacists, emergency medical care personnel, or other health care professionals who have appropriate education and experience in emergency and critical care.

*e.* Preceptors shall be assigned in each of the clinical units in which emergency medical care students are obtaining clinical experience and field experience. The preceptors shall supervise student activities to ensure the quality and relevance of the experience. Student activity records shall be kept and reviewed by the immediate supervisor(s) and by the program director and course coordinator.

*f.* If a training program's medical director resigns, the training program director shall report this to the department and provide a curriculum vitae for the medical director's replacement. A new course shall not be started until a qualified medical director has been appointed.

*g.* A training program shall maintain records pertaining to each instructor used which include, as a minimum, the instructor's qualifications.

*h.* A training program is responsible for ensuring that each instructor is experienced in the area being taught and adheres to the education standards.

*i.* The training program shall ensure that each practical examination evaluator and mock patient is familiar with the NREMT practical examination requirements and procedures. Practical examination evaluators shall attend a workshop sponsored by the department and have the evaluator endorsement.

**131.5(5) *Advisory committee.*** There shall be an advisory committee which includes training program representatives and representatives from other groups such as affiliated medical facilities, local medical establishments, and ambulance, rescue and first response service programs.

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

**131.5(6) *Student records.*** A training program shall maintain an individual record for each student. Training program policy and department requirements will determine contents. These requirements include, but are not limited to:

- a. Application;
- b. Current certifications and endorsements;
- c. Student record or transcript of hours and performance (including examinations) in classroom, clinical, and field experience settings.

**131.5(7) *Selection of students.*** There may be a selection committee to select students. The selection committee shall use, as a minimum, the prerequisites outlined in rule 641—131.2(147A).

**131.5(8) *Students.***

a. A student may perform any procedures and skills for which the student has received training if the student is under the direct supervision of a physician or physician designee or under the remote supervision of a physician or physician designee with direct field supervision by an appropriately certified emergency medical care provider.

b. A student shall not be substituted for the regular personnel of any affiliated medical facility or service program but may be employed while enrolled in the training program.

c. A student is not eligible to continue functioning as a student of the training program in the clinical or field setting if the student is not in good standing with the training program, once the student has met the training program requirements, or once the student has been approved for certification testing.

**131.5(9) *Financing and administration.***

a. There shall be sufficient funding available to the training program to ensure that each class started can be completed.

b. Tuition charged to students shall be accurately stated.

c. Advertising for training programs shall be appropriate.

d. A training program shall provide to each student, no later than the first session of the course, a guide that outlines, as a minimum:

- (1) Course objectives.
- (2) Required hours for completion.
- (3) Minimum acceptable scores on interim testing.
- (4) Attendance requirements.
- (5) Grievance procedure.
- (6) Disciplinary actions that may be invoked, the grounds for such actions, and the process provided.
- (7) Requirements for certification.

**131.5(10) *Training program application, inspection and approval.***

a. A training program graduating students at the paramedic level after December 31, 2012, must be accredited by, or must have submitted a self-study application to, the Committee on Accreditation for the Emergency Medical Services Professions.

b. A training program seeking initial or renewal approval shall use the EMS Training Program Application provided by the department. The application shall include, as a minimum:

- (1) Names of appropriate officials of the training program;
- (2) Evidence of availability of clinical resources;
- (3) Evidence of availability of physical facilities;
- (4) Evidence of qualified faculty;
- (5) Qualifications and major responsibilities of each faculty member;
- (6) Policies used for selection, promotion, and graduation of trainees;
- (7) Practices followed in safeguarding the health and well-being of trainees and of patients receiving emergency medical care within the scope of the training program; and
- (8) Level(s) of EMS certification to be offered.

c. A new training program shall submit a needs assessment which justifies the need for the training program.

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

d. Applications shall be reviewed by the department in accordance with the 2005 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. Failure to comply with the standards may lead to disciplinary action as described in rule 641—131.8(147A).

e. The department shall perform an on-site inspection of the training program's facilities and clinical resources. The purpose of the inspection is to examine educational objectives, patient care practices, facilities and administrative practices and to prepare a written report for review and action by the department.

f. The department shall inspect each training program at least once every five years. The department without prior notification may make additional inspections at times, places and under such circumstances as it deems necessary to ensure compliance with Iowa Code chapter 147A and these rules.

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 disciplinary action regarding training program approval.

h. Representatives of the training program may be required by the department to meet with the department at the time the application and inspection report are discussed.

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

j. Training program approval shall not exceed five years.

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

l. 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. Temporary variances to these rules (not to exceed six months in length per any approved request) may be granted by the department to a currently authorized training program. Requests for temporary 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. To request a variance, the training program shall:

(1) Notify the department verbally (as soon as possible) of the need to request a temporary variance. The program shall submit to the department, within ten days after having given verbal notification to the department, a written explanation for the temporary variance request. The address is Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

(2) Cite the rule from which the variance is requested.

(3) State why compliance with the rule cannot be maintained.

(4) Explain the alternative arrangements that have been or will be made regarding the variance request.

(5) Estimate the period of time for which the variance will be needed.

m. Training program applications and on-site inspection reports are public information.

**131.5(11)** *Out-of-state training program application and approval.*

a. An out-of-state training program shall apply to the department for approval.

b. An out-of-state training program seeking department approval shall use the out-of-state training program application provided by the department. The application shall include, as a minimum:

(1) Verification of approval to conduct initial EMS training by the authorizing agency within the out-of-state training program's home state;

(2) Evidence of oversight provided by a physician medical director;

(3) Evidence of qualified faculty;

(4) Evidence of curriculum utilized;

(5) Evidence of written contracts between the out-of-state training program and clinical and field sites being utilized within Iowa; and

(6) Description of practices followed in safeguarding the health and well-being of trainees and of patients receiving emergency medical care within the scope of the training program.

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

c. An out-of-state training program shall provide the department with a 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.

d. An out-of-state training program shall not be authorized to provide initial EMS training within the state of Iowa.

e. An out-of-state training program shall be limited to utilization of clinical or field sites or both within Iowa.

f. Representatives of the out-of-state training program may be required by the department to meet with the department at the time the application is discussed.

g. An out-of-state training program approval shall not exceed five years.

h. An out-of-state training program shall notify the department, in writing, of any change in ownership, control, or approval status by the out-of-state training program's authorizing state agency within 30 days.

**131.5(12) 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 training provided that the procedure or skill is within the Iowa scope of practice policy of a comparable Iowa emergency medical care provider. The student must 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 an appropriately certified emergency medical care provider.

c. An out-of-state student shall not be substituted for personnel of any affiliated medical facility or service program but may be employed while enrolled in the training program.

d. An out-of-state student participating in the clinical or field setting within the state of Iowa shall provide documentation of liability insurance.

e. 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 if the student is not in good standing with the approved out-of-state training program, once the student has met the training program's requirements, or once the student has been approved for certification testing.

f. An out-of-state student shall not be eligible for Iowa EMS certification without meeting the requirements for certification through reciprocity in subrule 131.4(9).

**641—131.6(147A) Continuing education providers—approval, record keeping and inspection.**

**131.6(1)** Continuing education courses for emergency medical care personnel may be approved by the department, an EMS training program or a national EMS continuing education accreditation entity.

**131.6(2)** A training program may conduct continuing education courses (utilizing appropriate instructors) pursuant to subrule 131.4(6).

a. Each training program shall assign a sponsor number to each appropriate continuing education course using an assignment system approved by the department.

b. Course approval shall be completed prior to the course's being offered.

c. Each training program shall maintain a participant record that includes, as a minimum:

- (1) Name.
- (2) Address.
- (3) Certification number.
- (4) Course sponsor number.
- (5) Course instructor.
- (6) Date of course.
- (7) CEHs awarded.

d. Each training program shall submit to the department on a quarterly basis a completed Approved EMS Continuing Education Form.

**131.6(3)** Record keeping and record inspection.

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

*a.* To ensure compliance or to verify the validity of any training program application, the department may request additional information or inspect the records of any continuing education provider who is currently approved or who is seeking approval.

*b.* 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 disciplinary action regarding training program approval.

**641—131.7(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of emergency medical care personnel 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)** Method of discipline. The department has the authority to impose the following disciplinary sanctions against an emergency medical care provider:

- a.* Issue a citation and warning.
- b.* Impose a civil penalty not to exceed \$1000.
- c.* Require reexamination.
- d.* Require additional education or training.
- e.* Impose a period of probation under specific conditions.
- f.* 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.

*g.* Suspend a certificate until further order of the department or for a specific period.

*h.* Deny an application for certification.

*i.* Revoke a certification.

*j.* Impose such other sanctions as allowed by law and as may be appropriate.

**131.7(3)** 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(2) when it finds that the applicant 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.* 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.

*e.* 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.

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

*f.* 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 or coworker.  
(2) Improper sexual contact with or making suggestive, lewd, lascivious or improper remarks or advances to a patient or coworker.

- (3) Betrayal of a professional confidence.  
(4) Engaging in a professional conflict of interest.  
(5) Falsification of medical records.

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

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

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

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

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

*l.* 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.

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

*n.* 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.

*o.* Being adjudged mentally incompetent by a court of competent jurisdiction.

*p.* Sexual harassment of a patient, student, or supervisee. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

*q.* 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.

*r.* Fraud in representation as to skill, ability or certification.

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

*t.* 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.

*u.* 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.

*v.* Falsifying certification renewal reports or failure to comply with the renewal audit request.

*w.* Acceptance of any fee by fraud or misrepresentation.

*x.* 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.

*y.* Violating privacy and confidentiality. An emergency medical care provider shall not disclose or be compelled to disclose patient information unless required or authorized by law.

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

*z.* Discrimination. An emergency medical care 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.

*aa.* 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.

*ab.* Failure to respond within 30 days of receipt, unless otherwise specified, of communication from the department which was sent by registered or certified mail.

**641—131.8(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of training program approval or renewal.**

**131.8(1)** This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

**131.8(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.

**131.8(3)** The department may impose any of the disciplinary sanctions provided in subrule 131.8(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 of 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.* A training program provider or continuing education provider shall not sexually harass a patient, student, or supervisee. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

*n.* Betrayal of a professional confidence.

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

- o.* Engaging in a professional conflict of interest.
- p.* 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.
- q.* Failure to comply with the 2005 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—131.9(147A) Reinstatement of certification.**

**131.9(1)** Any person whose certification to practice has been revoked or suspended may apply to the department for reinstatement 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.

**131.9(2)** If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur or if the certification was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the order or the date of the voluntary surrender.

**131.9(3)** All proceedings for reinstatement shall be initiated by the respondent, who shall file with the department an application for reinstatement of the certification. Such application shall be docketed in the original case in which the certification was revoked, suspended, or relinquished. All proceedings upon the application for reinstatement shall be subject to the same rules of procedure as other cases before the department.

**131.9(4)** An application for reinstatement 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 respondent'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 respondent.

**131.9(5)** An order denying or granting reinstatement shall be based upon a decision which incorporates findings of facts and conclusions of law. The order shall be published as provided for in this chapter.

**641—131.10(147A) Certification denial.**

**131.10(1)** An applicant 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 applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

**131.10(2)** All hearings held pursuant to this rule shall be held pursuant to the process outlined in this chapter.

**641—131.11(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.

**131.11(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;

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

*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.

**131.11(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 that is required to comply with the order is the party requesting the continuance.

**641—131.12(147A) Complaints, investigations and appeals.**

**131.12(1)** This rule is not subject to waiver or variance pursuant to 641—Chapter 178 or any other provision of law.

**131.12(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 EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**131.12(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.

**131.12(4)** Complaint investigations may result in the department's issuance of a notice of denial, citation and warning, probation, suspension or revocation.

**131.12(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.

**131.12(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.

**131.12(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 EMS, Lucas State Office Building,

## PUBLIC HEALTH DEPARTMENT[641](cont'd)

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.

**131.12(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.

**131.12(9)** The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10.

**131.12(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 131.12(11).

**131.12(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.

**131.12(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.

**131.12(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.

**131.12(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.

**131.12(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 EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**131.12(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.

**131.12(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 chapter 147A.

**ARC 9343B****PUBLIC HEALTH DEPARTMENT[641]****Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code sections 147A.4 and 147A.27, the Department of Public Health hereby gives Notice of Intended Action to amend Chapter 132, “Emergency Medical Services—Service Program Authorization,” and Chapter 136, “Trauma Registry,” Iowa Administrative Code.

The rules in Chapter 132 describe the standards for the authorization of EMS services. The rules in Chapter 136 describe the trauma registry procedures and policies. These proposed amendments require the electronic submission of ambulance report data.

Any interested person may make written comments or suggestions on the proposed amendments on or before February 15, 2011. Such written comments should be directed to Kirk Schmitt, Bureau of EMS, Department of Public Health, 321 East 12th Street, Des Moines, Iowa 50319. E-mail may be sent to [kschmitt@idph.state.ia.us](mailto:kschmitt@idph.state.ia.us).

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

The following amendments are proposed.

ITEM 1. Adopt the following **new** paragraphs **132.8(3)“q”** and **“r”**:

*q.* Submit reportable patient data identified in subrule 132.8(7) via electronic transfer. Data shall be submitted in a format approved by the department.

*r.* Submit reportable patient data identified in subrule 132.8(7) to the department for each calendar quarter. Reportable patient data shall be submitted no later than 90 days after the end of the quarter.

ITEM 2. Amend paragraph **136.2(3)“a”** as follows:

*a.* Submit reportable patient data identified in 136.2(1) via electronic transfer ~~or in writing~~. Data shall be submitted in a format approved by the department.

**ARC 9344B****PUBLIC HEALTH DEPARTMENT[641]****Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code sections 147A.4 and 147A.27, the Department of Public Health hereby gives Notice of Intended Action to amend Chapter 134, “Trauma Care Facility Categorization and Verification,” Iowa Administrative Code.

The rules in Chapter 134 describe the standards for the verification of trauma care facilities. This proposed amendment updates the categorization criteria.

Any interested person may make written comments or suggestions on the proposed amendment on or before February 15, 2011. Such written comments should be directed to Kirk Schmitt, Bureau of EMS, Department of Public Health, 321 East 12th Street, Des Moines, Iowa 50319. E-mail may be sent to [kschmitt@idph.state.ia.us](mailto:kschmitt@idph.state.ia.us).

This amendment is intended to implement Iowa Code chapter 147A.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

The following amendment is proposed.

Amend subrule 134.2(3) as follows:

**134.2(3)** Adoption by reference.

*a.* ~~“Iowa Trauma System Resource (Level I) & Regional (Level II) Hospital and Emergency Care Facility Categorization Criteria” (November 2004)~~ “Resources for Optimal Care of the Injured Patient” (2006) published by the American College of Surgeons Committee on Trauma is incorporated and adopted by reference for Resource (Level I) and Regional (Level II) hospital and emergency care facility categorization criteria, and the ~~“Iowa Trauma System Regional (Level II) Hospital and Emergency Care Facility Categorization Criteria” (2006) is incorporated and adopted by reference for Regional (Level II) hospital and emergency care facility categorization criteria.~~ “Iowa Trauma System Area (Level III) & Community (Level IV) Hospital and Emergency Care Facility Categorization Criteria” (November 2004 2006) is incorporated and adopted by reference and adopted for Area (Level III) and Community (Level IV) hospital and emergency care facility categorization criteria. “Iowa Trauma System Community Hospital and Emergency Care Facility Categorization Criteria” (2010) is incorporated and adopted by reference for Community (Level IV) hospital and emergency care categorization criteria. For any differences which may occur between the adopted references and these administrative rules, the administrative rules shall prevail.

*b.* ~~“Iowa Trauma System Resource & Regional (Level II) Hospital and Emergency Care Facility Categorization Criteria” (November 2004 2006), “Iowa Trauma System Area (Level III) Hospital and Emergency Care Facility Categorization Criteria” (2006) and the “Iowa Trauma System Area & Community (Level IV) Hospital and Emergency Care Facility Categorization Criteria” (November 2004 2010) are available through the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site ([www.idph.state.ia.us/ems](http://www.idph.state.ia.us/ems)).~~

**ARC 9338B**

## **REAL ESTATE COMMISSION[193E]**

### **Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code sections 543B.9 and 543B.18, the Real Estate Commission hereby gives Notice of Intended Action to amend Chapter 19, “Requirements for Mandatory Errors and Omissions Insurance,” Iowa Administrative Code.

The proposed amendment to rule 193E—19.6(543B) will require that a licensee provide proof of insurability within 30 days of written notice by the Commission.

A public hearing will be held on February 15, 2011, at 1 p.m. in the Second Floor, Professional Licensing Conference Room, 1920 SE Hulsizer Road, Ankeny, Iowa, at which time persons may present their views on the proposed amendment either orally or in writing. At the hearing, persons who wish to speak will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendment.

Consideration will be given to all written suggestions or comments received by 4:30 p.m. on February 15, 2011. Comments should be addressed to David Batts, Executive Officer, Iowa Real Estate Commission, 1920 SE Hulsizer Road, Ankeny, Iowa 50021; or faxed to (515)281-7411. E-mail may be sent to [David.Batts@Iowa.gov](mailto:David.Batts@Iowa.gov).

This amendment is intended to implement Iowa Code section 543B.47.

The following amendment is proposed.

REAL ESTATE COMMISSION[193E](cont'd)

Adopt the following **new** subrule 19.6(8):

**19.6(8)** Failure to provide required proof of insurability within 30 days of written notice by the commission shall result in the placement of the license on inactive status. A license that has been placed on inactive status pursuant to this provision shall not be reactivated until satisfactory evidence has been provided verifying that coverage is current and in full force and effect.

**ARC 9339B**

## **REVENUE DEPARTMENT[701]**

### **Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code sections 421.14, 423.25, and 423A.6, the Iowa Department of Revenue hereby gives Notice of Intended Action to amend Chapter 235, “Rebate of Iowa Sales Tax Paid,” and Chapter 241, “Excise Taxes Not Governed by the Streamlined Sales and Use Tax Agreement,” Iowa Administrative Code.

Items 1 through 3 of this rule making amend rule 701—235.1(423) to address changes made to the rebate requirements for the Newton racetrack under 2009 Iowa Acts, Senate File 478. Items 4 through 7 amend Chapter 241 to clarify the scope and applicability of Iowa’s hotel and motel tax imposed under Iowa Code chapter 423A.

The proposed amendments will not necessitate additional expenditures by political subdivisions or agencies and entities that contract with political subdivisions.

Any person who believes that the application of the discretionary provisions of these amendments would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any. The Department has determined that these proposed amendments may have an impact on small business.

The Department has considered the factors listed in Iowa Code section 17A.4A. The Department will issue a regulatory analysis as provided in Iowa Code section 17A.4A if a written request is filed by delivery or by mailing postmarked no later than March 3, 2011, to the Policy Section, Taxpayer Services and Policy Division, Department of Revenue, Hoover State Office Building, P.O. Box 10457, Des Moines, Iowa 50306. The request may be made by the Administrative Rules Review Committee, the Administrative Rules Coordinator, at least 25 persons signing that request who each qualify as a small business or an organization representing at least 25 such persons.

Any interested person may make written suggestions or comments on these proposed amendments on or before February 15, 2011. Such written comments should be directed to the Policy Section, Taxpayer Services and Policy Division, Department of Revenue, Hoover State Office Building, P.O. Box 10457, Des Moines, Iowa 50306.

Persons who want to convey their views orally should contact the Policy Section, Taxpayer Services and Policy Division, Department of Revenue, at (515)281-8036 or at the Department of Revenue offices on the fourth floor of the Hoover State Office Building.

Requests for a public hearing must be received by February 15, 2011.

These amendments are intended to implement Iowa Code section 423.4(5) as amended by 2009 Iowa Acts, Senate File 478, sections 211 and 212, and Iowa Code chapter 423A.

The following amendments are proposed.

ITEM 1. Amend subrule 235.1(1) as follows:

**235.1(1) Definitions.**

*a.* For the purpose of this program, prior to July 1, 2009, the following definitions apply:

## REVENUE DEPARTMENT[701](cont'd)

*“Automobile racetrack facility”* means a sanctioned automobile racetrack facility located as part of a racetrack and entertainment complex, including any museum attached to or included in the racetrack facility, but excluding any restaurant, and which facility is located, on a maximum of 232 acres, in a city with a population of at least 14,500 but not more than 16,500 residents, which city is located in a county with a population of at least 35,000, but not more than 40,000 residents, and where the construction on the racetrack facility commenced not later than one year following July 1, 2005, and the cost of the construction upon completion was at least \$35 million.

*“Change of control”* means any of the following:

1. Any change in the ownership of the original or any subsequent legal entity that is the owner or operator of the automobile racetrack facility such that at least 60 percent of the equity interests in the legal entity cease to be owned by individuals who are residents of Iowa, an Iowa corporation, or combination of both.

2. The original owners of the legal entity that is the owner or operator of the automobile racetrack facility shall collectively cease to own more than 50 percent of the voting equity interests of such legal entity or shall otherwise cease to have effective control of such legal entity.

*“Iowa corporation”* means a corporation incorporated under the laws of Iowa where at least 60 percent of the corporation’s equity interests are owned by individuals who are residents of Iowa.

*“Owner or operator”* means a for-profit legal entity where at least 60 percent of its equity interests are owned by individuals who are residents of Iowa, an Iowa corporation, or combination of both and that is the owner or operator of an automobile racetrack facility and is primarily a promoter of motor vehicle races.

*“Population”* means the population based upon the 2000 certified federal census.

b. For the purposes of this program, on and after July 1, 2009, the following definitions apply:

*“Automobile racetrack facility”* means a sanctioned automobile racetrack facility located as part of a racetrack and entertainment complex, including any museum attached to or included in the racetrack facility, but excluding any restaurant, and which facility is located, on a maximum of 232 acres, in a city with a population of at least 14,500 but not more than 16,500 residents, which city is located in a county with a population of at least 35,000, but not more than 40,000 residents, and where the construction on the racetrack facility commenced not later than one year following July 1, 2005, and the cost of the construction upon completion was at least \$35 million.

*“Change of control”* means any of the following:

1. Any change in the ownership of the original or any subsequent legal entity that is the owner or operator of the automobile racetrack facility such that less than 25 percent of the equity interests in the legal entity is owned by individuals who are residents of Iowa, an Iowa corporation, or combination of both.

2. The original owners of the legal entity that is the owner or operator of the automobile racetrack facility shall collectively cease to own at least 25 percent of the voting equity interests of such legal entity.

*“Iowa corporation”* means a corporation incorporated under the laws of Iowa where at least 25 percent of the corporation’s equity interests are owned by individuals who are residents of Iowa.

*“Owner or operator”* means a for-profit legal entity where at least 25 percent of its equity interests are owned by individuals who are residents of Iowa, an Iowa corporation, or combination of both and that is the owner or operator of an automobile racetrack facility and is primarily a promoter of motor vehicle races.

*“Population”* means the population based upon the 2000 certified federal census.

ITEM 2. Amend subrules 235.1(4) and 235.1(5) as follows:

**235.1(4) Limitations.** The automobile racetrack facility rebate program applies only to transactions ~~which~~ that occur on or after January 1, 2006, but before January 1, 2016, and for which sales tax was collected. Only the state sales tax is subject to rebate. The rebate is limited to 5 percent. Local option taxes paid and collected are not subject to rebate. Rebates of sales taxes to an automobile racetrack facility are not authorized for transactions ~~which~~ that occur on or after the date of the sale ~~or other~~

## REVENUE DEPARTMENT[701](cont'd)

~~transfer, whether voluntary or involuntary, of the automobile racetrack facility to a party other than the original owner of the facility or upon a change of control of such the automobile racetrack facility.~~

**235.1(5) Termination of rebate program.** The rebate program for automobile racetrack facilities is a pilot program ~~which that~~ terminates on the earliest of the following dates:

- a. June 30, 2016; or
- b. Thirty days following the date on which \$12,500,000 in total rebates have been provided; or
- c. Thirty days following the date of the sale ~~or other transfer, whether voluntary or involuntary, of the automobile racetrack facility to a party other than the original owner of the facility or upon a change of control of such the automobile racetrack facility.~~

ITEM 3. Amend rule **701—235.1(423)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code Supplement section 423.4(5) ~~and 2005 Iowa Acts, chapter 110.~~

ITEM 4. Amend rule **701—241.3(423A)**, definition of “Lodging,” as follows:

“Lodging” means rooms, apartments, or sleeping quarters in a hotel, motel, inn, public lodging house, rooming house, or manufactured or mobile home ~~which that~~ is tangible personal property, or in a tourist court, or in any place where sleeping accommodations are furnished to transient guests for rent, whether with or without meals. The word “lodging” does not refer to the rental of rooms for purposes other than sleeping or resting, including but not limited to rental of rooms for meetings, conferences, weddings, or banquets.

ITEM 5. Amend rule 701—241.4(423A) as follows:

**701—241.4(423A) Imposition of tax.** A tax of 5 percent is imposed upon the sales price for the rental of any lodging if the rental occurs in this state. The tax shall be collected by any lessor of lodging from the user of that lodging. The lessor shall add the tax to the sales price of the lodging, and the state-imposed tax, when collected, shall be stated as a distinct item, separate and apart from the sales price of the lodging and the local tax imposed, if any, under Iowa Code section 423A.4. The rental of a mobile or manufactured home that is tangible personal property is treated as the rental of lodging.

ITEM 6. Amend rule 701—241.5(423A) as follows:

**701—241.5(423A) Exemptions.** The tax described in this division shall not apply: ~~(a) when~~

**241.5(1)** To lodging is furnished to a person if that person rents contracts to rent any rooms or facility for more than 31 consecutive days; (b) to the renting of. The renter must contract to rent for a single period of 31 days or more. The renter may not accumulate these 31 days by contracting for two or more rental transactions. The incremental manner in which customers are billed by the hotel, motel, inn, public lodging house, rooming or tourist court, or any place where sleeping accommodations are furnished to transient guests does not influence the accumulation of days that is required to claim the exemption.

**241.5(2)** To sleeping rooms rented in dormitories and in memorial unions at all universities and colleges located in the state; (c) to

**241.5(3)** To contracts made directly with the federal government; or (d) to the renting of.

**241.5(4)** To lodging rented to the guest of a religious institution upon located on real property exempt from tax as the property of a religious institution, if the reason for renting the room is to provide a place for a religious retreat or function and not a place for transient guests generally.

ITEM 7. Amend **701—Chapter 241, Division I**, implementation sentence, as follows:

This division is intended to implement 2005 Iowa Code Supplement chapter 423A.

### TREASURER OF STATE

#### Notice—Public Funds Interest Rates

In compliance with Iowa Code chapter 74A and section 12C.6, the committee composed of Treasurer of State Michael L. Fitzgerald, Superintendent of Credit Unions James E. Forney, Superintendent of Banking Thomas B. Gronstal, and Auditor of State David A. Vaudt have established today the following rates of interest for public obligations and special assessments. The usury rate for January is 4.75%.

#### INTEREST RATES FOR PUBLIC OBLIGATIONS AND ASSESSMENTS

74A.2 Unpaid Warrants .....	Maximum 6.0%
74A.4 Special Assessments .....	Maximum 9.0%

RECOMMENDED Rates for Public Obligations (74A.3) and School District Warrants (74A.7). A rate equal to 75% of the Federal Reserve monthly published indices for U.S. Government securities of comparable maturities. All Iowa Banks and Iowa Savings Associations as defined by Iowa Code section 12C.1 are eligible for public fund deposits as defined by Iowa Code section 12C.6A.

The rate of interest has been determined by a committee of the state of Iowa to be the minimum interest rate that shall be paid on public funds deposited in approved financial institutions. To be eligible to accept deposits of public funds of the state of Iowa, a financial institution shall demonstrate a commitment to serve the needs of the local community in which it is chartered to do business. These needs include credit services as well as deposit services. All such financial institutions are required to provide the committee with a written description of their commitment to provide credit services in the community. This statement is available for examination by citizens.

New official state interest rates, effective January 11, 2011, setting the minimums that may be paid by Iowa depositories on public funds are listed below.

#### TIME DEPOSITS

7-31 days .....	Minimum .05%
32-89 days .....	Minimum .05%
90-179 days .....	Minimum .05%
180-364 days .....	Minimum .05%
One year to 397 days .....	Minimum .30%
More than 397 days .....	Minimum .70%

These are minimum rates only. The one year and less are four-tenths of a percent below average rates. Public body treasurers and their depositories may negotiate a higher rate according to money market rates and conditions.

Inquiries may be sent to Michael L. Fitzgerald, Treasurer of State, State Capitol, Des Moines, Iowa 50319.

**ARC 9341B****VOLUNTEER SERVICE, IOWA COMMISSION ON[817]****Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code section 17A.3 and chapter 15H, the Iowa Commission on Volunteer Service gives Notice of Intended Action to adopt amendments to Chapter 8, “Iowa Youth Mentoring Program Certification,” Iowa Administrative Code.

The current rules establish procedures for the certification of youth mentoring programs to ensure that certifications are handled in a fair and orderly manner. The proposed amendments provide clarification on the certification process and bring the rules up to date.

Public comments concerning the proposed amendments will be accepted until 4:30 p.m. on February 18, 2011. Interested persons may submit written or oral comments by contacting Adam Lounsbury, Iowa Commission on Volunteer Service, 200 East Grand Avenue, Des Moines, Iowa 50309; telephone (515)725-3099; or E-mail [Adam.Lounsbury@iowa.gov](mailto:Adam.Lounsbury@iowa.gov).

The Commission will hold a public hearing on Friday, February 18, 2011, from 1 to 2 p.m. to receive comments on these amendments. The public hearing will be held in the Iowa Tourism Room, Iowa Department of Economic Development, 200 East Grand Avenue, Des Moines, Iowa.

These amendments are intended to implement Iowa Code chapter 15H.

The following amendments are proposed.

ITEM 1. Amend **817—Chapter 8**, introductory paragraph, as follows:

~~One of the purposes~~ The purpose of the Iowa mentoring partnership (IMP) is to certify mentoring programs that meet ~~those certification standards outlined in the Elements of Effective Practice for Mentoring™, published by the National Mentoring Partnership, that have been established for youth mentoring programs outlined in this chapter.~~ The Iowa mentoring partnership assists with the development and support of a network of mentoring providers and also provides training, resources and support services to certified local mentoring programs and programs with a conditional certification. ~~The~~ In partnership with certified programs, the Iowa mentoring partnership ~~seeks~~ strives to increase the capacity of these mentoring programs, deliver resources, raise statewide awareness of the positive benefits of mentoring children and youth, and enhance the quality of mentoring relationships in Iowa.

ITEM 2. Amend rule 817—8.1(15H) as follows:

**817—8.1(15H) Definitions.**

*“Certification”* means the process ~~which identifies~~ for identifying youth mentoring programs as meeting the criteria for effective practice ~~to be~~ in order to become eligible for financial and technical assistance.

*“Commission”* means the Iowa commission on volunteer service.

*“Conditional certification”* means a temporary certification identifying a youth mentoring program before the program is fully operational in order for the program to apply for financial and technical assistance.

*“Mentoring certification application”* means the application, ~~which was developed by the Iowa mentoring partnership and Iowa commission on volunteer service, and which can be adopted by all agencies and departments of state government to determine an applicant’s designation as a certified mentoring program.~~ The application contains information which shall that can be used to determine an applicant’s designation as a certified mentoring program for participation in the Iowa mentoring partnership.

## VOLUNTEER SERVICE, IOWA COMMISSION ON[817](cont'd)

“*Mentoring program*” or “*youth mentoring program*” means a program that provides older mentors to youth, provided that the program meets all of the following requirements: ~~A mentoring program must meet all of the following requirements:~~

1. ~~Be~~ The program is located in this state;
2. ~~Be~~ The program is operated as a public or private not-for-profit entity, part of a school or area education agency, or part of a faith-based community;
3. ~~Serve youth aged~~ Youth served by the program are between the ages of 5 to and 23;
4. ~~Appropriately screen mentors, requiring a minimum of two hours of orientation and training prior to serving in a mentoring capacity;~~
5. ~~Require mentors and youth to meet for a minimum of one hour per week over the course of a school or calendar year;~~
6. ~~Require mentors and youth in an E-mentoring program to communicate electronically, at least once per week, over the course of a school or calendar year.~~

ITEM 3. Amend rule 817—8.2(15H) as follows:

**817—8.2(15H) Certification.** ~~The~~ Based on each mentoring program’s self-assessment (completed via the mentoring certification application), the commission is responsible for ascertaining that whether a youth mentoring program is qualified to be designated as a certified mentoring program.

**8.2(1) Full certification.** Before a mentoring program can participate in the Iowa mentoring partnership, it must be certified by the commission.

*a.* A review team shall review applications from youth mentoring programs to determine whether the mentoring programs are eligible to participate in the ~~Iowa mentoring partnership program.~~

*b.* Full certification means the commission has determined that the youth mentoring program has met the established standards.

*c.* Applications for mentoring program certification are available from the Iowa Commission on Volunteer Service, 200 East Grand Avenue, Des Moines, Iowa 50309, ~~or the Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319~~ and the Iowa mentoring partnership’s Web site (www.iowamentoring.org).

*d.* Applicants shall receive written notification of the commission’s decision.

*e.* To remain in good standing as a program with full certification, mentoring programs must verify continued certification by submitting required reports.

**8.2(2) Conditional certification.** Some mentoring programs are temporarily certified before the program becomes fully operational or before the program has met the standards for full certification.

*a.* No change.

*b.* The mentoring program name will not be included on the ~~IMP~~ Iowa mentoring partnership Web site, nor will the program be referred potential mentors, until the mentoring program has been fully certified. The Web site of the Iowa mentoring partnership is www.iowamentoring.org.

*c.* and *d.* No change.

**8.2(3) Recertification.** Certified youth mentoring programs shall submit verification of continued eligibility to the commission at least every two years.

*a.* The form for recertification shall be provided by the commission.

*b.* Other documents and regular reporting will be requested throughout the certification period to verify the continuing eligibility of the mentoring program.

**8.2(4)** No change.

**8.2(5) Reapplication.** A mentoring program may reapply upon proof of compliance with Iowa youth mentoring program certification standards. Any program that is denied certification or decertified for any reason bears the burden of proving that all deficiencies previously cited have been corrected. Corrections shall be in accordance with requirements of the Iowa mentoring partnership. Applications may be requested from the Iowa Commission on Volunteer Service, 200 East Grand Avenue, Des Moines, Iowa 50309, ~~or the Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319~~ mentoring partnership’s Web site (www.iowamentoring.org).

## VOLUNTEER SERVICE, IOWA COMMISSION ON[817](cont'd)

**8.2(6) Notification.** The commission shall be notified within 30 days following a change in staff of the mentoring program director or an authorized representative of the certified mentoring program.

ITEM 4. Amend rule 817—8.3(15H) as follows:

**817—8.3(15H) Description of application.** The ~~IMP Iowa mentoring partnership~~ application requires information about individuals who manage and administer the local mentoring program. ~~Names, current addresses, federal identification number, and names of board and committee members must be included. Documents which establish nonprofit status may be required.~~

**8.3(1)** Specific questions are included on the application regarding mentoring program operations, training, number of mentors and mentees, structure of the program, and other information to determine whether the program meets the certification standards established in ~~rule~~ rules 817—8.4(15H) and 817—8.5(15H).

**8.3(2)** Information contained in the application may be reviewed by the applicant upon request to the Iowa Commission on Volunteer Service, 200 East Grand Avenue, Des Moines, Iowa 50309. Material to be added to a file may be sent to the commission at the above address.

ITEM 5. Amend rule 817—8.4(15H) as follows:

**817—8.4(15H) Certification standards Basis for certification standards.** The commission has established standards to certify youth mentoring programs. ~~These standards are intended to indicate whether programs are operating under the quality policies and procedures established by a national panel of mentoring program experts, researchers and others are based on the Elements of Effective Practice for Mentoring™, published by the National Mentoring Partnership. These elements are based on the work of a panel of experts convened by the National Mentoring Partnership to produce a set of rigorous mentoring guidelines, providing the gold standard for quality mentoring for more than a decade.~~

**8.4(1) Statement of purpose.** The mentoring program should have a statement of purpose and long-range plan that include:

*a.* to *d.* No change.

~~*e.* Goals, objectives, and time lines for all aspects of the plan.~~

~~*f. e.* Funding and resource development plan.~~

**8.4(2) Recruitment plan.** The mentoring program shall have recruitment plans for both mentors and participants that include:

*a.* to *d.* No change.

~~*e.* A philosophy consistent with the program's statement of purpose and long-range plan.~~

~~*f. e.* A goal of serving at least 15 12 youth, computed as an average of the number of youth served over the preceding three program years.~~

**8.4(3) Orientation.** The mentoring program shall have an orientation for mentors and mentees that includes:

*a.* to *g.* No change.

**8.4(4) Eligibility.** The mentoring program shall have eligibility screening for mentors and participants that includes:

~~*a.* A written application process and review process.~~

~~*b.* A face-to-face interview and, for community-based programs, a home visit.~~

~~*c.* Reference checks for mentors, which may include character references, a child abuse registry check, a driving record check, and a criminal record check where as legally permissible.~~

~~*d.* and *e.* No change.~~

**8.4(5) Training curriculum.** The mentoring program shall have a readiness and training curriculum for all mentors and participants that includes:

*a.* to *c.* No change.

*d.* Cultural/heritage sensitivity and appreciation training.

*e.* to *k.* No change.

## VOLUNTEER SERVICE, IOWA COMMISSION ON[817](cont'd)

**8.4(6) Matching strategy.** The mentoring program should have a matching strategy that includes:

- ~~a. A link with the program's statement of purpose.~~
- ~~b. a. A commitment to consistency.~~
- ~~c. b. A grounding in the program's eligibility criteria.~~
- ~~d. A rationale for the selection of a particular matching strategy from the wide range of available models.~~
- ~~e. c. Appropriate criteria for matches, including some or all of the following: gender, age, language requirements, availability, needs, interests, preferences of volunteer and participant, life experience, and temperament.~~
- ~~f. A signed statement of understanding that both parties agree to the conditions of the match and the mentoring relationship.~~
- ~~g. Prematch social activities between mentor and participant pools.~~
- ~~h. d. Team building activities to reduce the anxiety of Staff assistance with the first meeting.~~

**8.4(7) Monitoring process.** The mentoring program should have a monitoring process that includes:

- a. to e. No change.

**8.4(8) Mentor support and recognition.** The mentoring program should have a support, recognition, and retention component that includes:

- ~~a. A formal kick-off event.~~
- ~~b. a. Ongoing peer support groups for volunteers, participants, and others.~~
- ~~c. b. Ongoing training and development.~~
- ~~d. c. Relevant discussion of issues and dissemination of information.~~
- ~~e. Networking with appropriate organizations.~~
- ~~f. Social gatherings of different groups as needed.~~
- ~~g. d. Annual Regular mentor recognition and appreciation event.~~
- ~~h. Newsletters or other mailings to participants, mentors, supporters, and funders.~~

**8.4(9) Closure.** The mentoring program should have closure steps that include:

- a. Private and confidential exit interviews regarding the mentoring relationship between:
  - (1) Participant and staff;
  - (2) Mentor and staff; and
  - (3) ~~Mentor and participant without staff~~ Program staff and teachers or parents or both, as appropriate.

- b. and c. No change.

**8.4(10) Evaluation.** The mentoring program should have an evaluation process based on:

- a. to c. No change.

**8.4(11) Additional certification standards.** The commission also utilizes the Elements of Effective Practice for Mentoring™, published by the National Mentoring Partnership, to determine the primary areas of review for mentoring program certification. These areas are intended to indicate whether programs are operating under the quality policies and procedures established by a national panel of mentoring program experts, researchers and others.

a. History of operation. Mentoring programs shall have an established history of operation of two years (24 months). Programs that have been operating less than 24 months may be granted full certification but will be required to provide quarterly updates to the Iowa mentoring partnership.

b. Length of match. Mentoring programs shall meet minimum requirements for length of match based on program type.

(1) Community-based programs, including E-mentoring programs, shall establish an initial commitment of one year with new or potential mentors.

(2) School-based programs, including E-mentoring programs, shall establish an initial commitment of nine months with new or potential mentors.

c. Minimum monthly contact. Mentoring programs shall meet minimum requirements for monthly contact based on program type.

(1) Matches in community-based programs shall meet for a minimum of four hours per month with a consistent schedule.

## VOLUNTEER SERVICE, IOWA COMMISSION ON[817](cont'd)

(2) School-based programs shall meet for a minimum of two hours per month with a consistent schedule.

(3) E-mentoring programs shall have contact via E-mail a minimum of once per week.

d. Background checks. Mentoring programs shall meet minimum requirements for checking the background of mentor applicants.

(1) Criminal background and sex offender registry checks for mentors over the age of 18.

(2) Reference checks for mentors under the age of 18.

e. Pre-match mentor training. Mentoring programs shall meet minimum requirements for training of mentors. At least two hours of pre-match training and preparation activities shall be provided to new mentors.

ITEM 6. Amend rule 817—8.5(15H) as follows:

**817—8.5(15H) Special consideration.** In addition to the standards ~~listed above~~ set forth in rule 817—8.4(15H), the commission may give consideration to other factors to determine certification status in order to ensure that only high-quality youth mentoring programs are certified.

**8.5(1) On-site audits.** At the discretion of the commission, on-site audits may be conducted to determine certification.

**8.5(2) Reporting.** Programs that fail to submit required documentation are at risk of decertification and may be deemed ineligible to receive the benefits of certification, including complimentary training registration and inclusion on the Iowa mentoring partnership Web site.

ITEM 7. Amend rule 817—8.6(15H), introductory paragraph, as follows:

**817—8.6(15H) Decertification.** A youth mentoring program shall be decertified by the commission if it is determined that the program no longer meets the certification standards identified herein for a high-quality mentoring program, ~~or~~ if program personnel cannot be contacted by the commission, if the program fails to provide documents requested by the commission or if the program fails to complete the required Iowa mentoring partnership quarterly reports.

## ARC 9346B

## EARLY CHILDHOOD IOWA STATE BOARD[249]

## Adopted and Filed

Pursuant to the authority of Iowa Code section 256I.4, the Early Childhood Iowa State Board adopts new Chapter 1, “Early Childhood Iowa Initiative,” Iowa Administrative Code.

The Early Childhood Iowa Initiative was established by the General Assembly to create a partnership between communities and state-level partners to improve the efficiency and effectiveness of early care, education, health, and human services to support children zero through age five and their families.

No waiver provision is included because the Early Childhood Iowa State Board has adopted a waiver policy for the initiative.

Notice of Intended Action on these rules was published in the Iowa Administrative Bulletin on October 6, 2010, as **ARC 9137B**. The Early Childhood Iowa State Board received comments on the Notice of Intended Action in statewide meetings through group discussion, as well as through individual responses during the public comment period. All comments were catalogued and reviewed.

In response to these comments, the Early Childhood Iowa State Board has made the following changes to the rules as published under Notice of Intended Action:

- Revised the definition of “Citizen representative” to read as follows: “‘Citizen representative’ means a member of an early childhood Iowa board who is not an elected official or a paid staff member of an agency whose services fall under the plan or purview of the area board either directly or indirectly.”

- Revised the definition of “Community plan” to read as follows: “‘Community plan’ means the local plan adopted by the area board following input from the community. The plan elements include a comprehensive analysis of needs, gaps, and strengths, and the goals, objectives and action steps to implement the plan in the early childhood Iowa area. The community plan is also referred to in Iowa Code chapter 256I as the school ready children grant plan.”

- Added the following subparagraph (4) to paragraph 1.4(2)“a”:

“(4) The state board shall review the process at the close of each designation cycle.”

- To be consistent with the language in Iowa Code chapter 256I, changed the term “prenatal” to “zero” in the definition of “Funding sources.”

- Added to rule 249—1.5(256I) a reference to 541—Chapter 9, which sets forth the Department of Management’s fiscal oversight measures for the Early Childhood Iowa area boards.

The Early Childhood Iowa State Board adopted these rules on January 7, 2011.

These rules are intended to implement Iowa Code sections 256I.1 to 256I.12 and 2010 Iowa Acts, Senate File 2088, section 310.

These rules shall become effective on March 2, 2011.

The following amendment is adopted.

Adopt the following **new** 249—Chapter 1:

## CHAPTER 1

## EARLY CHILDHOOD IOWA INITIATIVE

**249—1.1(256I) Purpose.** This chapter establishes the early childhood Iowa initiative enacted by the general assembly.

**249—1.2(256I) Scope of the rules.** The rules for the initiative are promulgated under Iowa Code section 256I.4. No rule shall, in any way, relieve a person affected by or subject to these rules, or any person affected by or subject to the rules promulgated by the early childhood Iowa initiative, from any duty under the laws of this state.

**249—1.3(256I) Definitions.** For the purpose of these rules, the following definitions apply:

## EARLY CHILDHOOD IOWA STATE BOARD[249](cont'd)

*“Alignment”* means state- and community-level efforts to integrate early care, health, and education systems and to enhance state and community partnerships through innovative approaches.

*“Assessment”* means to identify for children and their families all formal and informal supports, assets and resources, as well as gaps, in an early childhood Iowa area. An assessment includes communitywide data, statistics, and facts upon which to base decisions to develop a community plan and to identify priorities to reach the desired results.

*“Citizen representative”* means a member of an early childhood Iowa board who is not an elected official or a paid staff member of an agency whose services fall under the plan or purview of the area board either directly or indirectly.

*“Community partners”* means individuals, early childhood service providers, and staff of other programs or agencies that communicate, coordinate and collaborate with an area board.

*“Community plan”* means the local plan adopted by the area board following input from the community. The plan elements include a comprehensive analysis of needs, gaps, and strengths, and the goals, objectives and action steps to implement the plan in the early childhood Iowa area. The community plan is also referred to in Iowa Code chapter 256I as the school ready children grant plan.

*“Decategorization project”* means the human services decategorization of child welfare and juvenile justice funding project operated under Iowa Code section 232.188.

*“Department”* means the Iowa department of management.

*“Designation”* means the status awarded by the state board to an early childhood Iowa area meeting the criteria and the levels of excellence rating system.

*“Early childhood Iowa area”* or *“area”* means a geographic area as defined by the local community and designated by the state board.

*“Early childhood Iowa area board”* or *“area board”* means the governing board for an early childhood Iowa area.

*“Early childhood Iowa fund”* means a fund created in the state treasury from which moneys are distributed to early childhood Iowa areas for the purpose of supporting children and their families.

*“Early childhood Iowa office”* means a state unit within the department of management to coordinate the early childhood Iowa initiative.

*“Early childhood Iowa state board”* or *“state board”* means the state of Iowa’s early childhood Iowa board as appointed by the governor that meets the membership criteria of citizens and state agency directors as voting members and legislators as nonvoting members.

*“Early childhood stakeholders alliance”* or *“early childhood Iowa stakeholders alliance”* means the early childhood stakeholders alliance created in Iowa Code chapter 256I.

*“Elected official”* means a member of a board or governing body elected through a public election.

*“Evidence-based”* means that a program has completed a randomized control trial conducted by an independent researcher and has demonstrated positive results for children and families. “Evidence-based” may also include research conducted by the program that has been published in a peer-reviewed journal that also demonstrates positive results for children and families. To be evidence-based, the program must include stringent standards for program replication including standards for implementation and monitoring to ensure that the program is being operated with fidelity to the original model.

*“First years first”* means a public-private partnership for early childhood in Iowa, which includes an account created in the early childhood Iowa fund under the authority of the department of management to be used for first years first.

*“Fiscal agent,”* as designated by an area board, means a public agency as defined in Iowa Code section 28E.2; a community action agency as defined in Iowa Code section 216A.91; a nonprofit corporation; or an area education agency as defined in Iowa Code chapter 273.

*“Funding sources”* means a comprehensive fiscal assessment of identified sources and amounts to support children zero through five years of age.

*“Home visitation”* means a strategy to deliver family support or parent education services. A home visit is a face-to-face visit with a family in the family’s home or other alternate location to facilitate meeting the family’s goals.

## EARLY CHILDHOOD IOWA STATE BOARD[249](cont'd)

*“Indicator”* means a measure that indirectly quantifies the achievement of a result.

*“Members of the public”* means individuals who meet the definition of citizen representative on an area board.

*“Parent”* or *“grandparent”* or *“guardian”* means a parent or primary caregiver of a child from birth to kindergarten entry, including a grandparent, other relative of the child, or foster parent; or a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child.

*“Performance measure”* means a measure that assesses a program, activity, or service.

*“Result”* means the effect desired for Iowans.

*“State agency”* means a department of the executive branch including, but not limited to, the departments of economic development, education, human rights, human services, public health, and workforce development.

*“Technical assistance”* means an ongoing, systematic and interactive process that is designed to achieve results and that enables knowledge from research, policy and evidence-based practices to be shared in partnerships through a variety of strategies with specific groups, agencies, communities and other partners to use within their unique contexts.

*“Technical assistance team”* means the early childhood Iowa office in the department of management and identified personnel from the state departments of economic development, education, human rights, human services, public health, and workforce development that provide the day-to-day operational work of local- and state-level early childhood Iowa and support to the state board.

**249—1.4(256I) Early childhood Iowa state board responsibility.**

**1.4(1)** The state board shall provide leadership and coordination for the development of Iowa’s early care, health and education system in cooperation with area boards, community partners and other state agencies.

**1.4(2)** The state board shall:

- a. Develop a levels of excellence rating system for area boards.
  - (1) The rating system is the mechanism by which an area board is designated.
  - (2) The rating system shall include the following four levels: probation, compliant, quality, and model.
  - (3) The state board shall adopt criteria for each level.
  - (4) The state board shall review the process at the close of each designation cycle.
- b. Adopt state-level indicators with input from area boards and the early childhood stakeholders alliance. The state board shall report on indicators each fiscal year and compare the data against baseline data and data from prior fiscal years as available. Indicators shall measure all result areas of the early care, health and education system.
- c. Adopt minimum standards to promote equal access to services subject to the authority of the area boards.
- d. Adopt guidelines and standards for services provided under a school ready children grant.
- e. In cooperation with the early childhood stakeholders alliance:
  - (1) Further the development of an early childhood integrated data system across state agencies and other partners.
  - (2) Develop guidance to identify and improve the quality of services in early care, health and education programs, including evidence-based practices.
  - (3) Promote other measures to advance the initiative.

**249—1.5(256I) Early childhood Iowa coordination staff.** In consultation with the state board, the department shall provide fiscal oversight of the early childhood Iowa initiative. The fiscal oversight measures are defined in department of management 541—Chapter 9, Iowa Administrative Code.

## EARLY CHILDHOOD IOWA STATE BOARD[249](cont'd)

**249—1.6(256I) Early childhood Iowa areas.**

**1.6(1)** The state board shall approve early childhood Iowa area boundaries and the creation of area boards. Minimum criteria for areas and approval of area boards are set forth in Iowa Code section 256I.6.

**1.6(2)** The state board may waive any of the minimum criteria referenced in Iowa Code section 256I.6, if it is determined that exceptional circumstances exist. The state board further defines exceptional circumstances to include the following:

*a.* The proposed change of boundaries creates hardship that reduces performance or quality of services within the area. The area board must provide compelling documentation of the hardship and clearly document the impact to performance or quality of services or both.

*b.* The area board is granted model level of performance within the levels of excellence rating system by the state board.

**249—1.7(256I) Early childhood stakeholders alliance.** The early childhood stakeholders alliance shall assist the state board in the development and implementation of the state board's strategic plan.

**249—1.8(83GA,SF2088) Transition.**

**1.8(1)** The state board shall adopt the deadline of July 1, 2013, for compliance with Iowa Code section 256I.6 for all area boards. Area boards that are impacted by boundary criteria shall merge by July 1, 2013, or be granted an exception by the state board.

**1.8(2)** Early childhood Iowa area boards shall ensure that area service providers and other community providers are invited to participate in conversations as the area boards transition into early childhood Iowa or if the area boards change geographic boundaries.

These rules are intended to implement Iowa Code sections 256I.1 to 256I.12 and 2010 Iowa Acts, Senate File 2088, section 310.

[Filed 1/7/11, effective 3/2/11]

[Published 1/26/11]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 1/26/11.



IN THE NAME AND BY THE AUTHORITY OF THE STATE OF IOWA

### EXECUTIVE ORDER NUMBER TWENTY-SEVEN

**WHEREAS**, the December 2009 Iowa Efficiency Review Report identified 90 recommendations for improving the cost effectiveness and efficiency of delivering state government services; and

**WHEREAS**, the State of Iowa is committed to increased use of renewable sources of energy, expansion of energy efficiency measures, and economic development in the areas of energy production and conservation; and

**WHEREAS**, the Tax Extenders and Alternative Minimum Tax Relief Act of 2008, together with the Hiring Incentives to Restore Employment Act of 2010 (together, the "Act"), provide for the issuance of "qualified energy conservation bonds" ("QECBs"); and

**WHEREAS**, QECBs are taxable bonds issued by State or local units of government for certain "qualified conservation purposes" which include certain expenditures incurred for: (i) purposes of reducing energy consumption in publicly-owned buildings by at least 20%, implementing green community programs, the production of electricity from renewable energy resources in rural areas, certain qualified facilities for electricity produced from certain renewable resources (such as wind, biomass, solar, and landfill); (ii) research facilities and research grants to support research in the development of cellulosic ethanol or nonfossil fuels, technologies for the capture and sequestration of carbon dioxide produced through the use of fossil fuels, increasing the efficiency of existing technologies for producing nonfossil fuels, automobile battery technologies and other technologies to reduce fossil fuels consumption in transportation, and technologies to reduce energy use in buildings; (iii) mass commuting facilities and related facilities that reduce the consumption of energy, including expenditures to reduce pollution from vehicles used for mass commuting; and (iv) demonstration projects designed to promote the commercialization of green building technology, conversion of agricultural waste for use in the production of fuel or otherwise, advanced battery manufacturing technologies, technologies to reduce peak use of electricity, technologies for the capture and sequestration of carbon dioxide emitted from combusting fossil fuels in order to produce electricity; and (v) public education campaigns to promote energy efficiency.

**WHEREAS**, pursuant to the Act, Notice 2009-29 and Notice 2010-35 issued by the Internal Revenue Service (together, the "Notices"), the State of Iowa has authority to issue \$31,150,000 of QECBs, provided, however, that pursuant to the Act and the Notices a portion of this allocation shall be made available to "large local governments;" and

**WHEREAS**, the allocations of QECB authority in the State, pursuant to the Act and Notices, are set forth on Exhibit A hereto; and

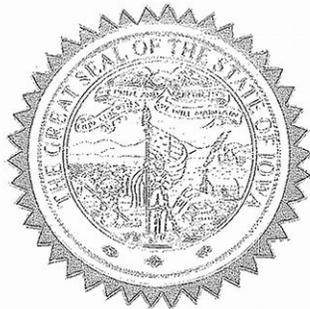
**WHEREAS**, to ensure an accurate, efficient and timely tracking of the use of this resource, a single agency shall be directed to administer the use of QECBs in the State, including tracking of issuance of any QECBs by the large local governments; and

**WHEREAS**, the amount available as the "balance of State" allocation under the Act and Notices (\$20,123,496.22) shall be made available to the Iowa Finance Authority, for issuance under an energy program that furthers the purposes of this Executive Order and complies with applicable requirements associated with QECCBs; and

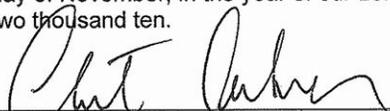
**WHEREAS**, the Iowa Finance Authority shall work with the State's Office of Energy Independence to implement the energy program and use of QECCBs.

**NOW, THEREFORE**, I, Chester J. Culver, Governor of the State of Iowa, by the power vested in me by the laws and the constitution of the State of Iowa, do hereby order as follows:

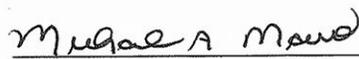
- I. The Iowa Finance Authority, a public instrumentality and agency of the State of Iowa, is directed to administer the allocation of "qualified energy conservation bonds" bonding authority provided by the Act.
- II. The Iowa Finance Authority is designated as the eligible issuer of that portion of qualified energy conservation bond authority available to the State.
- III. The Iowa Finance Authority shall track the allocation of this bonding authority to ensure the most efficient and widespread use of this resource, and shall provide all necessary reports to the Internal Revenue Service relating thereto.



**IN TESTIMONY WHEREOF**, I have hereunto subscribed my name and caused the Great Seal of Iowa to be affixed. Done at Des Moines this 29<sup>th</sup> day of November, in the year of our Lord two thousand ten.

  
 CHESTER J. CULVER  
 GOVERNOR

ATTEST:

  
 MICHAEL A. MAURO  
 SECRETARY OF STATE

## EXHIBIT A

Pursuant to Notice 2009-29

State of Iowa Population Base (2008) =	3,002,555
State of Iowa QECB Allocation =	31,150,000

Large Local Governments (100,000 people or more)

	<u>2007 Population</u>	<u>Allocation</u>	
Black Hawk County	127,446	\$ 1,322,188.24	
Johnson County	125,692	\$ 1,303,991.37	
Linn County	205,836		
Less Cedar Rapids	<u>126,396</u>		
Net Population	79,440	\$ -	(less than 100,000; no allocation)
Polk County	418,339		
Less Des Moines	<u>196,998</u>		
Net Population	221,341	\$ 2,296,301.70	
Scott County	162,687	\$ 1,687,795.91	
Woodbury County	102,287	\$ 1,061,176.25	
Cedar Rapids	126,396	\$ 1,311,295.01	
Des Moines	196,998	\$ 2,043,755.30	
Balance of State Allocation	1,939,708	\$ 20,123,496.22	