

**PUBLIC HEALTH DEPARTMENT[641]**

**Regulatory Analysis**

Notice of Intended Action to be published: 641—Chapter 131  
“Emergency Medical Services—Certification, Renewal, and Continuing Education”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 147A, 147D, and 272C.4

State or federal law(s) implemented by the rulemaking: Iowa Code chapters 147A and 147D and section 272C.4

*Public Hearing*

A public hearing at which persons may present their views orally or in writing will be held as follows:

June 16, 2026  
10 a.m.

Microsoft Teams  
Meeting ID: 263 169 532 452 86  
Passcode: mw3az6Y4

*Public Comment*

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Health and Human Services no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Victoria L. Daniels  
321 East 12th Street  
Des Moines, Iowa 50319  
Phone: 515.829.6021  
Email: [compliancerules@hhs.iowa.gov](mailto:compliancerules@hhs.iowa.gov)

*Purpose and Summary*

This proposed rulemaking updates and streamlines Iowa’s certification, renewal, and continuing education requirements for Iowa emergency medical services (EMS) workers. Key changes include modernizing the continuing education hours (CEHs) structure, reactivation pathways, and background check process, as well as an updated scope of practice. These proposed amendments will help ensure compliance with national EMS standards, reduce administrative complexity, and reinforce consistent statewide practice expectations. Adoption of updated rules will support a more competent and better-prepared EMS workforce.

Specifically, this proposed rulemaking:

- Modernizes the continuing education structure by adding pediatric CEH requirements and allowing half-hour CEHs.
- Updates the background check process by reflecting the use of digital fingerprints and removing the outdated card-based system.
- Updates references to the Iowa Emergency Medical Care Provider Scope of Practice for EMS workers to the most current version.
- Restructures reactivation pathways, eliminating the 25- to 48-month reactivation option and redirecting impacted individuals to the National Registry of Emergency Medical Technicians (NREMT) knowledge assessment for reactivation.

- Updates the fee for returned payments from \$15 to \$40 to align with the ongoing Department of Inspections, Appeals, and Licensing (DIAL) alignment initiative.
- Updates the continuing education audit documentation deadlines from 45 days to 30 days to align with the ongoing DIAL alignment initiative.
- Updates language pertaining to certification denial or sanctions based upon feedback received from an administrative law judge regarding fraud.

*Analysis of Impact*

**1. Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no costs associated with this proposed rulemaking beyond the updated returned check fee. In that regard, individuals applying for EMS credentials who submit checks for which there are insufficient funds will be subject to an increased fee.

- **Classes of persons that will benefit from the proposed rulemaking:**

Iowans will benefit from updated rules that will support a more competent and better-prepared EMS workforce.

**2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

As of April 2026, there were 10,746 EMS providers serving in Iowa. There are approximately 600 applicants per year.

- **Qualitative description of impact:**

Iowans will benefit from updated rules that will support a more competent and better-prepared EMS workforce.

**3. Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

The Department incurs personnel and other administrative costs associated with the program outlined in this proposed rulemaking.

- **Anticipated effect on State revenues:**

This proposed rulemaking has no impact on State revenues. Any fees associated with the program go to support the ongoing administration of the program.

**4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Rulemaking is appropriate to maintain high standards for Iowa's EMS provider network.

**5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

**6. Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Not applicable.

*Small Business Impact*

**If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:**

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.

- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking’s compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

**If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?**

This proposed rulemaking has no impact on small business.

*Text of Proposed Rulemaking*

ITEM 1. Amend rule ~~641—131.1(147A,147D,272C)~~, definitions of “CEH” and “Core continuing education,” as follows:

“*CEH*” means continuing education hour, which is based upon ~~a minimum of~~ 50 minutes of training per hour. Fifty minutes equals one CEH, and 30 minutes equals one-half CEH.

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

ITEM 2. Amend subrule 131.2(1) as follows:

**131.2(1)** An individual who has successfully completed the training program requirements at the EMR, EMT, AEMT or paramedic level and has a valid certification with NREMT shall submit the following to the department for initial Iowa emergency medical care provider certification:

- A completed EMS certification application.
- An NREMT active certification number.
- Payment of the initial application fee.
- ~~Two completed fingerprint cards for background checks.~~ A completed background check.
- ~~Payment of the background check fee.~~

ITEM 3. Amend subrule 131.4(2) as follows:

**131.4(2)** *Scope of practice.*

- No change.
- The Iowa Emergency Medical Care Provider Scope of Practice ~~(September 2019)~~ as amended to September 1, 2026, is hereby incorporated and adopted by reference for emergency medical care providers. For any differences that may occur between the scope of practice adopted by reference and these rules, the rules prevail. The Iowa Emergency Medical Care Provider Scope of Practice as amended to September 1, 2026, is available on the department’s website.

~~e.—The Iowa Emergency Medical Care Provider Scope of Practice (September 2019) is available on the department’s website.~~

~~d. c.~~ The department may grant a waiver for changes to the scope of practice that have not yet been adopted by reference in these rules pursuant to 441—Chapter 6.

ITEM 4. Amend subrule 131.5(4) as follows:

**131.5(4)** *Reactivation of an inactive certification.*

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

(1) No change.

(2) If the department approves the application, the individual must submit ~~an audit report form with 36~~ core continuing education hours ~~prorated per lapsed year by core topic area based upon the table in paragraph 131.5(7)“a”~~ for the level of EMS certification requested for reactivation, a completed background check, and the reactivation fee. The core CEHs and the background check shall be completed after the department receives and approves the reactivation application.

(3) No change.  
 (4) An emergency medical care provider who fails to complete the reactivation process within 12 months from the date of application approval ~~must reapply for reactivation of the inactive certification~~ will not be eligible for reactivation.

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

~~(1) An individual will submit to the department an EMS certification reactivation application, which is available from the department upon request.~~

~~(2) If the department approves the application, the individual must submit documentation of successful completion of an approved EMS refresher course that includes successful completion of department or NREMT testing requirements. In addition, the individual must:~~

- ~~1. Complete fingerprint requirements.~~
- ~~2. Submit reactivation and background check fees.~~
- ~~3. Upon receipt and approval of the items required in subparagraphs 131.5(4)“b”(1) and (2), the department may issue a new certification.~~

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

~~e. b. Certification inactive for more than 48 24 months. An emergency medical care provider may not cannot apply to reactivate a certification that has been inactive for more than 48 24 months. An emergency medical care provider who has been inactive for more than 24 months may complete the NREMT reentry requirements and apply for certification in accordance with subrule 131.2(1).~~

ITEM 5. Amend subrule 131.5(6) as follows:

**131.5(6) Fees.** The nonrefundable fees are as follows:

- a. to g. No change.
- h. Returned payment due to insufficient funds: \$15 \$40.
- i. No change.

ITEM 6. Amend subrule 131.5(7) as follows:

**131.5(7) Continuing education renewal.**

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

Core Topics	EMR/FR	EMT/EMT-D	AEMT	PM
Airway, Respirations, Ventilations	<del>1</del> <u>1.5</u>	<del>4</del> <u>4</u>	<del>5</del> <u>5</u>	<del>6</del> <u>6</u>
Cardiology	2	<del>6</del> <u>5</u>	<del>7</del> <u>6</u>	<del>9</del> <u>7</u>
Trauma	1	<del>2</del> <u>3</u>	<del>3</del> <u>4</u>	<del>3</del> <u>5</u>
Medical	<del>3</del> <u>2.5</u>	6	<del>8</del> <u>7</u>	<del>9</del> <u>8</u>
Operations	1	<del>5</del> <u>2</u>	<del>5</del> <u>3</u>	<del>6</del> <u>4</u>
Pediatric	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<b>Totals</b>	<b><del>8</del> <u>9</u></b>	<b><del>20</del> <u>22</u></b>	<b><del>25</del> <u>28</u></b>	<b><del>30</del> <u>34</u></b>

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

c. to e. No change.

f. A group of emergency medical care providers will be audited for each certification period. Emergency medical care providers to be audited will be chosen in a random manner or at the

discretion of the department. Falsifying reports or failure to comply with the audit request may result in formal disciplinary action. ~~Those audited must submit a department-provided audit report form within 45 days of the request.~~ If audited, within 30 days from the date of request for audit, the emergency medical care provider must provide a copy of the course completion certification or other verifying documentation that contains the following information at a minimum:

- (1) No change.
- (2) Program sponsor number (if applicable).
- (3) and (4) No change.

ITEM 7. Amend subrule 131.5(8) as follows:

**131.5(8)** *Continuing education approval.* The following standards apply for approval of continuing education:

*a.* CEHs issued by CAPCE, an authorized EMS training program, or the department will have an assigned sponsor number from CAPCE, an authorized EMS training program, the board of nursing, the board of medicine or the department before the emergency medical care provider attends the offering.

*b.* No change.

*c.* Courses must be, at a minimum, 30 minutes in duration (one-half CEH). Multi-hour courses are granted credit in half-hour increments (e.g., one hour and 30 minutes = one and one-half CEHs).

*d.* Continuing education courses that are accepted by the board of nursing and the board of medicine that are directly related to EMS patient care and apply to the core continuing education topics will be accepted.

ITEM 8. Amend paragraph **131.6(4)“e”** as follows:

*e.* ~~Fraud~~ Misrepresentation in procuring certification or renewal, including but not limited to:

(1) ~~An intentional~~ A perversion of the truth in making application for a certification to practice in this state;

(2) and (3) No change.