RA 26-267

INSPECTIONS AND APPEALS DEPARTMENT[481]

Regulatory Analysis

Notice of Intended Action to be published: 481—Chapter 655
"Standards of Practice and Principles of Medical Ethics"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 147, 148 and 272C

State or federal law(s) implemented by the rulemaking: 2026 Iowa Acts, House File 2676, and Iowa Code chapter 148

Public Hearing

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

September 22, 2026 9:30 a.m.	6200 Park Avenue, Suite 100 Des Moines, Iowa Information on virtual participation will be available on the Department of Inspections, Appeals, and Licensing's website prior to the hearing.

Public Comment

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

Laura Berardi
Iowa Board of Medicine
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321
Email: laura.berardi@dia.iowa.gov

Purpose and Summary

These proposed amendments implement 2026 Iowa Acts, House File 2676, to update the phrase "epinephrine auto-injectors" to "epinephrine delivery systems."

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 to the public to comply with this rulemaking. Staff salaries to support the work of the Board of Medicine (Board), including legislative implementation and rulemaking, are covered by the Licensing and Regulation Fund established in 2023 Iowa Acts, Senate File 557. Licensing fees go to the fund to cover the operations of the regulated professional licensing boards.

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

Users and prescribers of epinephrine delivery systems will benefit from having Iowa's rules more accurately represent the product they are using and prescribing, respectively.

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:**

The proposed rulemaking will benefit all users and prescribers of epinephrine delivery systems by having a more accurate representation of the product they are using and prescribing, respectively. This rulemaking implements changes required by 2026 Iowa Acts, House File 2676.

- **Qualitative description of impact:**

The proposed rulemaking will benefit all users and prescribers of epinephrine delivery systems by having a more accurate representation of the product they are using and prescribing, respectively. This rulemaking implements changes required by 2026 Iowa Acts, House File 2676.

3. **Costs to the State:**

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

There are no anticipated costs to implement or enforce the proposed amendments. Staff salaries to support the work of the Board, including legislative implementation and rulemaking, are covered by the fund. Licensing fees go to the fund to cover the operations of the regulated professional licensing boards.

- **Anticipated effect on State revenues:**

There is no anticipated effect on State revenues.

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

Because there is no anticipated cost related to this rulemaking and there is the benefit of keeping rules updated with current terminology, the costs and benefits of rulemaking outweigh those of inaction, which would only serve to keep outdated language in the Department's rules. This rulemaking implements 2026 Iowa Acts, House File 2676.

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

There is no alternative to updating the language in the rules. This rulemaking implements changes required by 2026 Iowa Acts, House File 2676.

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

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

This rulemaking implements 2026 Iowa Acts, House File 2676, which requires the changing of terminology from "epinephrine auto-injectors" to "epinephrine delivery systems."

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

This rulemaking implements 2026 Iowa Acts, House File 2676, which requires the changing of terminology from "epinephrine auto-injectors" to "epinephrine delivery systems."

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?

There is no anticipated impact on small business. The proposed rulemaking implements 2026 Iowa Acts, House File 2676, and applies to all users and prescribers.

Text of Proposed Rulemaking

ITEM 1. Amend rule 481—655.10(135,147,148,272C,280) as follows:

481—655.10(135,147,148,272C,280) Standards of practice—prescribing epinephrine ~~auto-injectors~~ delivery systems, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists in the name of an authorized facility.

655.10(1) No change.

655.10(2) Notwithstanding any other provision of law to the contrary, a physician may prescribe epinephrine ~~auto-injectors~~ delivery systems, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists in the name of an authorized facility to be maintained for use pursuant to Iowa Code sections 135.185, 135.190, 280.16 and 280.16A.

655.10(3) A physician who prescribes epinephrine ~~auto-injectors~~ delivery systems, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists in the name of an authorized facility to be maintained for use pursuant to Iowa Code sections 135.185, 135.190, 280.16 and 280.16A, provided the physician has acted reasonably and in good faith, is not liable for any injury arising from the provision, administration, or assistance in the administration of an epinephrine ~~auto-injector~~ delivery system, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists.