

COLLEGE STUDENT AID COMMISSION[283]

Regulatory Analysis

Notice of Intended Action to be published: 283—Chapter 17
“Health Care Professional Incentive Program”

Iowa Code section(s) or chapter(s) authorizing rulemaking: 256.178 and 256.222
State or federal law(s) implemented by the rulemaking: Iowa Code section 256.222

Public Hearing

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

October 20, 2026
3:30 p.m.

Room B50
Grimes State Office Building
Des Moines, Iowa

Public Comment

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

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Purpose and Summary

The purpose of this proposed rulemaking is to amend the rules governing the Health Care Professional Incentive Program to clarify program requirements and establish a more targeted process for prioritizing awards. The proposed amendments add a definition of “full-time” to provide greater clarity and consistency regarding the employment commitment required of participating health care professionals. The proposed amendments also change the method for prioritizing awards from the date an application is received to the geographic need for the applicable health care provider type.

Analysis of Impact

1. Persons affected by the proposed rulemaking:

• Classes of persons that will bear the costs of the proposed rulemaking:

The proposed rulemaking is not expected to impose significant costs on any class of persons.

• Classes of persons that will benefit from the proposed rulemaking:

The proposed rulemaking will benefit health care professionals who practice or agree to practice in geographic areas with the greatest need for the applicable health care provider type by increasing the likelihood that available program awards will be directed to those areas.

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 is not expected to result in a significant direct financial impact on applicants, participating health care professionals, health care providers, or the State.

- **Qualitative description of impact:**

The proposed rulemaking is expected to improve the effectiveness and administration of the Health Care Professional Incentive Program.

3. **Costs to the State:**

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

The proposed rulemaking is not expected to result in significant additional implementation or enforcement costs to the Commission or any other State agency.

- **Anticipated effect on State revenues:**

The proposed rulemaking is not anticipated to have a material effect on State revenues.

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

The proposed rulemaking is expected to provide greater benefits than cost. The proposed amendments are not expected to result in significant additional costs to the Commission, participating health care professionals, or other affected persons. The primary benefit of the proposed rulemaking is that available program awards will be prioritized based on the geographic need for the applicable health care provider type rather than the date an application is submitted.

If the Commission took no action, applications would continue to be prioritized based on the date of application, which could result in available awards being distributed without regard to the relative geographic need for the applicable health care provider type.

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

The Commission determined that the proposed amendments represent an appropriate and minimally burdensome method for achieving the intended purposes.

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

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

No other methods were seriously considered because the proposed approach is the most cost-efficient and minimizes potential confusion among Iowans.

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

The alternative methods were rejected because they would lead to informational burdens on health care professionals and the Commission.

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?

The proposed rulemaking is not expected to have an impact on small business.

Text of Proposed Rulemaking

ITEM 1. Adopt the following **new** definition of “Full-time,” in rule **283—17.1(256)**:

“Full-time” means an average of 40 hours of qualifying service per week or the standard full-time schedule established by the employer for the eligible health care professional’s discipline.

ITEM 2. Amend subrule 17.2(3) as follows:

17.2(3) Priority for awards. If funding is insufficient to award all eligible applicants, new awards will be made to eligible applicants in order of the following priority categories:

a. Eligible applicants who are in their final year of a program of study or of a clinical or residency program that leads to their full license to practice on a full-time basis as an eligible health care professional in an eligible practice area. If funds are insufficient to award all eligible applicants meeting these criteria, eligible applicants will be further prioritized ~~by the date of application~~ based on geographic need for the applicable health care provider type.

b. Eligible applicants who are fully licensed eligible health care professionals but who agree to continue or begin full-time practice as eligible health care professionals on a full-time basis in eligible practice areas within six months of signing a program agreement. If funds are insufficient to award all eligible applicants meeting these criteria, eligible applicants will be further prioritized ~~by the date of application~~ based on geographic need for the applicable health care provider type.

c. Eligible applicants who are in their final year of a program of study or clinical or residency program that leads to their full license to practice on a part-time basis as an eligible health care professional in an eligible practice area. If funds are insufficient to award all eligible applicants meeting these criteria, eligible applicants will be further prioritized ~~by the date of application~~ based on geographic need for the applicable health care provider type.

d. Eligible applicants who are fully licensed eligible health care professionals but who agree to continue or begin full-time practice as eligible health care professionals on a part-time basis in eligible practice areas within six months of signing a program agreement. If funds are insufficient to award all eligible applicants meeting these criteria, eligible applicants will be further prioritized ~~by the date of application~~ based on geographic need for the applicable health care provider type.