Regulatory Analysis

Notice of Intended Action to be published: 641—Chapter 140
"Emergency Medical Services System Development Grants Fund"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 135.25
State or federal law(s) implemented by the rulemaking: Iowa Code chapter 147A

Public Hearing

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

November 6, 2024 10 a.m.	Microsoft Teams Meeting ID: 268 876 122 100 Passcode: QXqezE

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:

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Des Moines, Iowa 50319
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Purpose and Summary

This proposed chapter provides clarity and a process for emergency medical services (EMS) system development grant requirements.

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 the rulemaking.

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

County EMS associations that apply for EMS development grants, as well as the Iowans they serve, benefit.

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 Department has offered $750,000 in contracts for each of the past two years. The system development grant funds are typically underspent and have funds left over each year that are nonreverting. The limiting language in statute for use of funds has created a barrier for EMS programs to spend the full dollar amount of the contracts. Approximately 85 percent of the funds contracted have been spent over the last three years on average.

- Qualitative description of impact:

Optimal EMS care is limited in many parts of the state. With health care delivery in transition, access to quality trauma and emergency medical care continues to challenge Iowa's rural

communities. The goal of an emergency medical care system is to coordinate the medical needs of a sick or injured person with an integrated system of optimal and cost-effective care. The result of a well-coordinated emergency medical care system is to reduce incidence of inadequate medical care and preventable deaths, minimize human suffering, and decrease the costs associated with preventable mortality and morbidity. Providing grants to support the development of the emergency medical care system in Iowa will achieve these goals while meeting the unique needs of the rural residents of the state.

3. Costs to the State:

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

Part of one full-time equivalent position is utilized for contracting and paying invoices.

- Anticipated effect on state revenues:

The grants are supported by legislative appropriations to the Emergency Medical Services Fund. This rulemaking does not impact the fund; however, for each of the last two years $750,000 has been contracted to county EMS associations with approximately 85 percent of the funds contracted having been spent over the last three years.

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

Without this chapter, county EMS associations would not have guidance about which types of costs are eligible for grant funding.

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

The rulemaking is both appropriate and required by law.

6. Alternative methods considered by the agency:

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

None were considered.

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

The rulemaking is both appropriate and required by law.

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 impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 641—Chapter 140 and adopt the following **new** chapter in lieu thereof:

CHAPTER 140
EMERGENCY MEDICAL SERVICES SYSTEM DEVELOPMENT GRANTS FUND

641—140.1(135) Definitions. For the purpose of these rules, the following definitions apply:

"Ambulance service" means the same as defined in 641—132.1(147A).

"CEHs" means the same as defined in 641—131.1(147A,147D,272C).

"Continuing education" means the same as defined in 641—131.1(147A,147D,272C).

"County EMS association" means a countywide group of EMS providers and various agency and organization representatives and consumers who provide leadership for the local EMS system on needs and objectives. The county EMS association should also include representatives of services located in a neighboring county if service is provided on a regular basis to residents of the county receiving funding.

"Emergency medical care provider" means the same as defined in Iowa Code section 147A.1.

"Emergency medical services" or *"EMS"* means the same as defined in Iowa Code section 147A.1.

"EMS course" means a course for emergency medical care personnel pursuant to Iowa Code section 147A.4(2).

"Infrastructure" means those elements that make up an EMS system.

"Nontransport service" means nontransport service as defined in 641—132.1(147A).

"Regional EMS council" means a multicounty nonprofit corporation whose purpose is to facilitate EMS development on a regional basis.

"Service program" means service program as defined in Iowa Code section 147A.1.

"Strategic plan" means a document produced via a multiagency effort to evaluate and define needs and goals to improve the local EMS system.

"Training" means EMS-related courses designed and intended for EMS providers and includes any item used in training, including but not limited to slides, films, mannequins, emergency care devices, books and other items pertinent and necessary for training purposes.

641—140.2(135) County EMS associations. Each county will have a county EMS association, council or board to develop and maintain the countywide EMS system strategic plan and to provide leadership on related EMS system development funding needs and objectives.

641—140.3(135) County EMS system development grants. Grants for EMS system development proposals at the regional, county, and local level are available through a grant process from the department to county boards of supervisors or local boards of health for equipment, training, and support of infrastructure needs as identified in the countywide EMS strategic plan and the department system standards. County boards of supervisors or local boards of health shall not take any administrative fee from these funds to support their work under this rule. County recipients of funds may subcontract work under this agreement to a county EMS association. Funds for training will be used to train members of a service program that provides service on a regular basis to residents of the county being funded. Funds for equipment require a $1 match of regional, county, or local funds for each $1 of EMS system development grant funds.

140.3(1) *Eligible costs.* Costs eligible for EMS system development grant expenditures as defined in the request for proposal (RFP) include:

a. Training.

(1) Reimbursement for initial training tuition, fees and materials up to an amount that is the lowest fee charged by the training entity following successful completion of an EMS course. Practical and written examination fees may also be included.

(2) Payment of continuing education tuition, fees and materials. Education provided by an EMS program for the general public is an allowable expense.

(3) Payment for EMS training aids.

b. Other equipment as defined by the RFP.

c. Infrastructure support.

(1) Development and enhancement of EMS systems.

(2) Office equipment and supplies necessary to coordinate a countywide EMS system.

(3) Personnel services for staffing to provide countywide continuous quality improvement and medical direction.

The title to any EMS equipment purchased with these funds does not lie with the department but will be determined by the county.

140.3(2) *Ineligible costs.* Costs not eligible for funding include:

a. Certification/recertification fees.

b. Building and construction costs.

c. Debt amortization.

d. Land.

e. Rent.

f. Utilities.

g. Vehicles including ambulances, fire apparatus, boats, rescue/first-response vehicles, snowmobiles and vehicle parts.

These rules are intended to implement Iowa Code section 135.25.