

CHAPTER 147A

EMERGENCY MEDICAL CARE — TRAUMA CARE

Referred to in §10A.104, 10A.109, 68B.2A, 135.11, 135.24, 147.111, 272C.1, 321.267A, 422.12, 708.3A, 719.1, 719.1A

Enforcement, §147.87, 147.92
Penalty, general, §147.86

	SUBCHAPTER I		147A.15	Automated external defibrillator equipment — penalty.
	EMERGENCY MEDICAL CARE		147A.16	Exception for care within scope of certification.
147A.1	Definitions.		147A.17	Applications for emergency medical care services training programs — approval or denial — disciplinary actions.
147A.1A	Lead agency.		147A.18	Possession and administration of an opioid antagonist — immunity.
147A.2	Council established — terms of office.		147A.19	Reserved.
147A.3	Meetings of the council — quorum.			SUBCHAPTER II
147A.4	Rulemaking authority.			STATEWIDE TRAUMA CARE SYSTEM
147A.5	Applications for emergency medical care services — approval — denial, probation, suspension, or revocation.		147A.20	Short title.
147A.6	Emergency medical care provider certificates — fees and renewal.		147A.21	Definitions.
147A.7	Denial, suspension, or revocation of certificates — hearing — appeal.		147A.22	Legislative findings and intent — purpose.
147A.8	Authority of certified emergency medical care provider.		147A.23	Trauma care system development.
147A.9	Remote supervision — emergency communication failure — authorization to initiate emergency procedures.		147A.24	Trauma system advisory council established.
147A.10	Exemptions from liability in certain circumstances.		147A.25	System evaluation and quality improvement committee. Repealed by 2013 Acts, ch 129, §57.
147A.11	Prohibited acts.		147A.26	Trauma registry.
147A.12	Registered nurse exception.		147A.27	Department to adopt rules.
147A.13	Physician assistant exception.		147A.28	Prohibited acts.
147A.14	Enforcement.			

SUBCHAPTER I

EMERGENCY MEDICAL CARE

147A.1 Definitions.

As used in [this subchapter](#), unless the context otherwise requires:

1. “Department” means the department of health and human services.
2. “Director” means the director of health and human services.
3. “Emergency medical care” means such medical procedures as:
 - a. Administration of intravenous solutions.
 - b. Intubation.
 - c. Performance of cardiac defibrillation and synchronized cardioversion.
 - d. Administration of emergency drugs as provided by rule by the department.
 - e. Any other medical procedure approved by the department, by rule, as appropriate to be performed by emergency medical care providers who have been trained in that procedure.
4. “Emergency medical care provider” means an individual trained to provide emergency and nonemergency medical care at the emergency medical responder, emergency medical technician, advanced emergency medical technician, paramedic, or other certification levels adopted by rule by the department, who has been issued a certificate by the department, or a person practicing pursuant to [chapter 147D](#).
5. “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.

6. “*Emergency medical services medical director*” means a physician licensed under [chapter 148](#), who is responsible for overall medical direction of an emergency medical services program and who has completed a medical director workshop, sponsored by the department, within one year of assuming duties. An emergency medical services medical director who receives no compensation for the performance of the director’s volunteer duties under [this chapter](#) shall be considered a state volunteer as provided in [section 669.24](#) while performing volunteer duties as an emergency medical services medical director.

7. “*First responder*” means an emergency medical care provider, a registered nurse staffing an authorized service program under [section 147A.12](#), a physician assistant staffing an authorized service program under [section 147A.13](#), a fire fighter, or a peace officer as defined in [section 801.4](#) who is trained and authorized to administer an opioid antagonist.

8. “*Licensed health care professional*” means the same as defined in [section 280.16](#).

9. “*Opioid antagonist*” means a drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors, including but not limited to naloxone hydrochloride or any other similarly acting drug approved by the United States food and drug administration.

10. “*Opioid-related overdose*” means a condition affecting a person which may include extreme physical illness, a decreased level of consciousness, respiratory depression, a coma, or the ceasing of respiratory or circulatory function resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.

11. “*Physician*” means an individual licensed under [chapter 148](#).

12. “*Service program*” or “*service*” means any medical care ambulance service or nontransport service that has received authorization from the department under [section 147A.5](#).

13. “*Training program*” means an Iowa college approved by the higher learning commission, an Iowa hospital authorized by the department, or a medical care ambulance service or nontransport service that has received authorization from the department to conduct emergency medical care services training.

[C79, 81, §147A.1]

84 Acts, ch 1287, §1; 86 Acts, ch 1245, §1142; 89 Acts, ch 89, §6; 93 Acts, ch 58, §7; 95 Acts, ch 41, §9; 99 Acts, ch 141, §21; 2008 Acts, ch 1088, §99; 2009 Acts, ch 56, §3; 2010 Acts, ch 1149, §6 – 8; 2015 Acts, ch 29, §114; 2016 Acts, ch 1061, §2; 2016 Acts, ch 1139, §72 – 75; 2019 Acts, ch 90, §2; 2021 Acts, ch 174, §61, 63; 2023 Acts, ch 19, §264

Referred to in §85.61, 97B.49B, 100B.14, 100B.31, 100B.46, 124.551, 135.190, 135.190A, 139A.2, 141A.1, 144A.2, 144D.1, 233.1, 280.13C, 321.231B, 321.423, 422.12, 708.3A, 724.6

Subsections 1 and 2 amended

147A.1A Lead agency.

The department is designated as the lead agency for coordinating and implementing the provision of emergency medical services in this state. The department shall be the state EMS authority for the purposes of [chapter 147D](#).

93 Acts, ch 58, §2; 2019 Acts, ch 90, §3

147A.2 Council established — terms of office.

1. An EMS advisory council shall be appointed by the director. Membership of the council shall be comprised of individuals nominated from, but not limited to, the following state or national organizations: Iowa osteopathic medical association, Iowa medical society, American college of emergency physicians, Iowa physician assistant society, Iowa academy of family physicians, university of Iowa hospitals and clinics, American academy of emergency medicine, American academy of pediatrics, Iowa EMS association, Iowa firefighters association, Iowa professional fire fighters, EMS education programs committee, Iowa nurses association, Iowa hospital association, and the Iowa state association of counties. The council shall also include at least two at-large members who are volunteer emergency medical care providers and a representative of a private service program.

2. The EMS advisory council shall advise the director and develop policy

recommendations concerning the regulation, administration, and coordination of emergency medical services in the state.

95 Acts, ch 41, §10; 98 Acts, ch 1100, §18; 2001 Acts, ch 74, §5; 2010 Acts, ch 1149, §9; 2011 Acts, ch 25, §18

147A.3 Meetings of the council — quorum.

Membership, terms of office, and quorum shall be determined by the director pursuant to chapter 135.

95 Acts, ch 41, §11; 2019 Acts, ch 85, §84

147A.4 Rulemaking authority.

1. *a.* The department shall adopt rules required or authorized by [this subchapter](#) pertaining to the operation of service programs which have received authorization under [section 147A.5](#) to utilize the services of certified emergency medical care providers. These rules shall include but need not be limited to requirements concerning physician supervision, necessary equipment and staffing, and reporting by service programs which have received the authorization pursuant to [section 147A.5](#).

b. The director, pursuant to rule, may grant exceptions and variances from the requirements of rules adopted under [this subchapter](#) for any service program. Exceptions or variations shall be reasonably related to undue hardships which existing services experience in complying with [this subchapter](#) or the rules adopted pursuant to [this subchapter](#). Services requesting exceptions and variances shall be subject to other applicable rules adopted pursuant to [this subchapter](#).

2. The department shall adopt rules required or authorized by [this subchapter](#) pertaining to the examination and certification of emergency medical care providers. These rules shall include but need not be limited to requirements concerning prerequisites, training, and experience for emergency medical care providers and procedures for determining when individuals have met these requirements. The department shall adopt rules to recognize the previous EMS training and experience of emergency medical care providers transitioning to the emergency medical responder, emergency medical technician, advanced emergency medical technician, and paramedic levels. The department may require additional training and examinations as necessary and appropriate to ensure that individuals seeking transition to another level have met the knowledge and skill requirements. All requirements for transition to another level, including fees, shall be adopted by rule.

3. The department shall establish the fee for the examination of the emergency medical care providers to cover the administrative costs of the examination program.

4. The department shall adopt rules required or authorized by [this subchapter](#) pertaining to the operation of training programs. These rules shall include but need not be limited to requirements concerning curricula, resources, facilities, and staff.

5. The department shall recognize the practice requirements of recognition of the emergency medical services personnel licensure interstate compact, [chapter 147D](#), and shall adopt rules necessary for the implementation of the compact.

[C79, 81, §147A.4; 82 Acts, ch 1005, §1, 2]

84 Acts, ch 1287, §4; 86 Acts, ch 1245, §1143; 89 Acts, ch 89, §7; 93 Acts, ch 58, §3; 95 Acts, ch 41, §12, 28; 99 Acts, ch 141, §22; 2009 Acts, ch 133, §198; 2010 Acts, ch 1149, §10; 2019 Acts, ch 90, §4

Referred to in [§147A.6](#)

147A.5 Applications for emergency medical care services — approval — denial, probation, suspension, or revocation.

1. A service program in this state that desires to provide emergency medical care in the out-of-hospital setting shall apply to the department for authorization to establish a program for delivery of the care at the scene of an emergency, during transportation to a hospital, during transfer from one medical care facility to another or to a private residence, or while in the hospital emergency department, and until care is directly assumed by a physician or by authorized hospital personnel.

2. The department shall approve an application submitted in accordance with [subsection 1](#) when the department is satisfied that the program proposed by the application will be operated in compliance with [this subchapter](#) and the rules adopted pursuant to [this subchapter](#).

3. The department may deny an application for authorization, or may place on probation, suspend or revoke the authorization of, or otherwise discipline a service program with an existing authorization if the department finds that the service program has not been or will not be operated in compliance with [this subchapter](#) and the rules adopted pursuant to [this subchapter](#), or that there is insufficient assurance of adequate protection for the public. The authorization denial or period of probation, suspension, or revocation, or other disciplinary action shall be effected and may be appealed as provided by [section 17A.12](#).

[C79, 81, §147A.5]

[84 Acts, ch 1287, §5](#); [86 Acts, ch 1245, §1144](#); [89 Acts, ch 89, §8](#); [95 Acts, ch 41, §13](#); [2010 Acts, ch 1149, §11](#)

Referred to in [§147A.1, 147A.4](#)

147A.6 Emergency medical care provider certificates — fees and renewal.

1. The department, upon initial application and receipt of the prescribed initial application fee, shall issue a certificate to an individual who has met all of the requirements for emergency medical care provider certification established by the rules adopted under [section 147A.4, subsection 2](#). All fees received pursuant to [this section](#) shall be retained by the department. The moneys retained by the department shall be used for any of the department's duties under [this chapter](#), including but not limited to the addition of full-time equivalent positions for program services and investigations. Revenues retained by the department pursuant to [this section](#) shall be considered repayment receipts as defined in [section 8.2](#). Notwithstanding [section 8.33](#), moneys retained by the department pursuant to [this section](#) are not subject to reversion to the general fund of the state.

2. The department, upon renewal application and receipt of the prescribed renewal application fee, shall issue a certificate to an individual who has met all of the requirements for emergency medical care provider certification established by the rules adopted under [section 147A.4, subsection 2](#). All fees collected pursuant to [this section](#) shall be deposited in the emergency medical services fund established in [section 135.25](#).

3. Emergency medical care provider certificates are valid for the multiyear period determined by the department, unless sooner suspended or revoked. The certificate shall be renewed upon application of the holder and receipt of the prescribed fee if the holder has satisfactorily completed continuing medical education programs as required by rule.

[C79, 81, §147A.6; [82 Acts, ch 1005, §3](#)]

[84 Acts, ch 1287, §6](#); [89 Acts, ch 89, §9](#); [93 Acts, ch 58, §7](#); [95 Acts, ch 41, §14](#); [97 Acts, ch 6, §1](#); [2019 Acts, ch 90, §5](#)

Referred to in [§232.68](#)

147A.7 Denial, suspension, or revocation of certificates — hearing — appeal.

1. The department may deny an application for issuance or renewal of an emergency medical care provider certificate, or suspend or revoke the certificate when it finds that the applicant or certificate holder is guilty of any of the following acts or offenses:

- a. Negligence in performing authorized services.
- b. Failure to follow the directions of the supervising physician.
- c. Rendering treatment not authorized under [this subchapter](#).
- d. Fraud in procuring certification.
- e. Professional incompetency.
- f. Knowingly making misleading, deceptive, untrue, or fraudulent representation in the practice of a profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.
- g. Habitual intoxication or addiction to the use of drugs.
- h. Fraud in representations as to skill or ability.

i. Willful or repeated violations of [this subchapter](#) or of rules adopted pursuant to [this subchapter](#).

j. Having certification to practice as an emergency medical care provider revoked or suspended, or having other disciplinary action taken by a licensing or certifying authority of another state, territory, or country. A certified copy of the record or order of suspension, revocation, or disciplinary action is conclusive or prima facie evidence.

2. 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.

3. A denial, suspension, or revocation under [this section](#) shall be effected, and may be appealed in accordance with the rules of the department established pursuant to [chapter 272C](#).

[C79, 81, §147A.7]

[84 Acts, ch 1287, §7](#); [89 Acts, ch 89, §10](#); [93 Acts, ch 58, §4, 7](#); [95 Acts, ch 41, §15, 16](#); [99 Acts, ch 141, §23](#); [2020 Acts, ch 1103, §13, 31](#)

147A.8 Authority of certified emergency medical care provider.

An emergency medical care provider properly certified under [this subchapter](#) may:

1. Render emergency and nonemergency medical care, rescue, and lifesaving services in those areas for which the emergency medical care provider is certified, as defined and approved in accordance with the rules of the department, at the scene of an emergency, during transportation to a hospital or while in the hospital emergency department, and until care is directly assumed by a physician or by authorized hospital personnel.

2. Function in any hospital or any other entity in which health care is ordinarily provided only when under the direct supervision, as defined by rules adopted pursuant to [chapter 17A](#), of a physician, when the emergency care provider is any of the following:

a. Enrolled as a student or participating as a preceptor in a training program approved by the department or an agency authorized in another state to provide initial EMS education and approved by the department.

b. Fulfilling continuing education requirements as defined by rule.

c. 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 the 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 that individual is certified if the life of the patient is in immediate danger and such care is required to preserve the patient's life.

d. 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, to perform nonlifesaving procedures for which those individuals have been certified and are 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 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.

[C79, 81, §147A.8]

[84 Acts, ch 1287, §8](#); [89 Acts, ch 89, §11](#); [93 Acts, ch 58, §5, 7](#); [93 Acts, ch 107, §1](#); [95 Acts, ch 41, §17](#); [99 Acts, ch 141, §24](#); [2000 Acts, ch 1009, §1](#); [2001 Acts, ch 58, §10](#); [2009 Acts, ch 41, §263](#); [2010 Acts, ch 1149, §12](#)

147A.9 Remote supervision — emergency communication failure — authorization to initiate emergency procedures.

1. When voice contact or a telemetered electrocardiogram is monitored by a physician, physician's designee, or physician assistant, and direct communication is maintained, an emergency medical care provider may upon order of the monitoring physician or upon standing orders of a physician transmitted by the monitoring physician's designee or physician assistant perform any emergency medical care procedure for which that emergency medical care provider is certified.

2. If communications fail during an emergency or nonemergency situation, the emergency medical care provider may perform any emergency medical care procedure for which that individual is certified and which is included in written protocols if in the judgment of the emergency medical care provider the life of the patient is in immediate danger and such care is required to preserve the patient's life.

3. The department shall adopt rules to authorize medical care procedures which can be initiated in accordance with written protocols prior to the establishment of communication.

[C79, 81, §147A.9]

84 Acts, ch 1287, §9; 89 Acts, ch 89, §12; 93 Acts, ch 58, §6, 7; 93 Acts, ch 107, §2; 95 Acts, ch 41, §18; 99 Acts, ch 141, §25

147A.10 Exemptions from liability in certain circumstances.

1. A physician, physician's designee, advanced registered nurse practitioner, or physician assistant who gives orders, either directly or via communications equipment from some other point, or via standing protocols to an appropriately certified emergency medical care provider, registered nurse, or licensed practical nurse at the scene of an emergency, and an appropriately certified emergency medical care provider, registered nurse, or licensed practical nurse following the orders, are not subject to criminal liability by reason of having issued or executed the orders, and are not liable for civil damages for acts or omissions relating to the issuance or execution of the orders unless the acts or omissions constitute recklessness.

2. A physician, physician's designee, advanced registered nurse practitioner, physician assistant, registered nurse, licensed practical nurse, or emergency medical care provider shall not be subject to civil liability solely by reason of failure to obtain consent before rendering emergency medical, surgical, hospital or health services to any individual, regardless of age, when the patient is unable to give consent for any reason and there is no other person reasonably available who is legally authorized to consent to the providing of such care.

3. An act of commission or omission of any appropriately certified emergency medical care provider, registered nurse, or licensed practical nurse, while rendering emergency medical care under the responsible supervision and control of a physician to a person who is deemed by them to be in immediate danger of serious injury or loss of life, shall not impose any liability upon the certified emergency medical care provider, registered nurse, licensed practical nurse, or physician assistant, the supervising physician, physician designee, advanced registered nurse practitioner, or any hospital, or upon the state, or any county, city or other political subdivision, or the employees of any of these entities; provided that [this section](#) shall not relieve any person of liability for civil damages for any act of commission or omission which constitutes recklessness.

[C79, 81, §147A.10]

84 Acts, ch 1287, §10; 89 Acts, ch 89, §13; 93 Acts, ch 107, §3; 95 Acts, ch 41, §19; 2023 Acts, ch 73, §8

Referred to in [§147A.12](#)
Subsection 3 amended

147A.11 Prohibited acts.

1. Any person not certified as required by [this subchapter](#) who claims to be an emergency medical care provider, or who uses any other term to indicate or imply that the person is an emergency medical care provider, or who acts as an emergency medical care provider

without having obtained the appropriate certificate under [this subchapter](#), is guilty of a class “D” felony.

2. An owner of an unauthorized service program in this state who operates or purports to operate a service program, or who uses any term to indicate or imply authorization without having obtained the appropriate authorization under [this subchapter](#), is guilty of a class “D” felony.

3. Any person who imparts or conveys, or causes to be imparted or conveyed, or attempts to impart or convey false information concerning the need for assistance of a service program or of any personnel or equipment thereof, knowing such information to be false, is guilty of a serious misdemeanor.

[C79, 81, §147A.11]

[84 Acts, ch 1287, §11](#); [89 Acts, ch 89, §14](#); [95 Acts, ch 41, §20](#); [2010 Acts, ch 1149, §13](#)

147A.12 Registered nurse exception.

1. [This subchapter](#) does not restrict a registered nurse, licensed pursuant to [chapter 152](#), from staffing an authorized service program provided the registered nurse can document equivalency through education and additional skills training essential in the delivery of out-of-hospital emergency care. The equivalency shall be accepted when:

a. Documentation has been reviewed and approved at the local level by the medical director of the service program in accordance with the rules of the board of nursing developed jointly with the department.

b. Authorization has been granted to that service program by the department.

2. [Section 147A.10](#) applies to a registered nurse in compliance with [this section](#).

[84 Acts, ch 1287, §12](#); [85 Acts, ch 129, §1](#); [89 Acts, ch 89, §15](#); [95 Acts, ch 41, §21](#); [2010 Acts, ch 1149, §14](#)

Referred to in [§135.190A, 147A.1, 233.1](#)

147A.13 Physician assistant exception.

[This subchapter](#) does not restrict a physician assistant, licensed pursuant to [chapter 148C](#), from staffing an authorized service program if the physician assistant can document equivalency through education and additional skills training essential in the delivery of out-of-hospital emergency care. The equivalency shall be accepted when:

1. Documentation has been reviewed and approved at the local level by the medical director of the service program in accordance with the rules of the board of physician assistants developed after consultation with the department.

2. Authorization has been granted to that service program by the department.

[93 Acts, ch 107, §4](#); [95 Acts, ch 41, §22](#); [2007 Acts, ch 10, §85](#); [2010 Acts, ch 1149, §15](#)

Referred to in [§135.190A, 147A.1, 233.1](#)

147A.14 Enforcement.

Investigators authorized by the department have the powers and status of peace officers when enforcing [this chapter](#).

[99 Acts, ch 141, §26](#)

147A.15 Automated external defibrillator equipment — penalty.

Any person who damages, wrongfully takes or withholds, or removes any component of automated external defibrillator equipment located in a public or privately owned location, including batteries installed to operate the equipment, is guilty of a serious misdemeanor.

[2006 Acts, ch 1184, §89](#)

147A.16 Exception for care within scope of certification.

1. [This subchapter](#) does not apply to a registered member of the national ski patrol system, an industrial safety officer, a lifeguard, or a person employed or volunteering in a similar capacity in which the person provides on-site emergency medical care at a facility solely to the patrons or employees of that facility, provided that such person provides emergency medical care only within the scope of the person’s training and certification and the person does not

claim to be a certified emergency medical care provider or use any other term to indicate or imply that the person is a certified emergency medical care provider.

2. [This subchapter](#) does not apply to the national ski patrol system or any similar system in which the system provides on-site emergency medical care at a facility solely to the patrons or employees of that facility, provided that such system does not provide transportation to a hospital or other medical facility and provided that such system does not use any term to indicate or imply authorization to transport patients to a hospital or other medical facility without having obtained proper authorization to transport patients to a hospital or other medical facility under [this subchapter](#).

[2006 Acts, ch 1078, §1](#)

147A.17 Applications for emergency medical care services training programs — approval or denial — disciplinary actions.

1. An Iowa college approved by the higher learning commission, an Iowa hospital in this state, or a medical care ambulance service or nontransport service that desires to provide emergency medical care services training leading to certification as an emergency medical care provider shall apply to the department for authorization to establish a training program.

2. The department shall approve an application submitted in accordance with [subsection 1](#) when the department is satisfied that the program proposed by the application will be operated in compliance with [this subchapter](#) and the rules adopted pursuant to [this subchapter](#).

3. The department may deny an application for authorization, or may place on probation, suspend or revoke the authorization of, or otherwise discipline a training program with an existing authorization if the department finds reason to believe the program has not been or will not be operated in compliance with [this subchapter](#) and the rules adopted pursuant to [this subchapter](#), or that there is insufficient assurance of adequate protection for the public. The authorization denial, period of probation, suspension, or revocation, or other disciplinary action shall be effected and may be appealed as provided by [section 17A.12](#).

[2010 Acts, ch 1149, §16; 2015 Acts, ch 29, §114; 2021 Acts, ch 174, §62, 63](#)

147A.18 Possession and administration of an opioid antagonist — immunity.

1. *a.* Notwithstanding any other provision of law to the contrary, a licensed health care professional may prescribe an opioid antagonist in the name of a service program, law enforcement agency, fire department, or secondary distributor to be maintained for use as provided in [this section](#). For purposes of [this section](#), “*secondary distributor*” means the same as defined in [section 135.190](#).

b. (1) Notwithstanding any other provision of law to the contrary, a pharmacist licensed under [chapter 155A](#) may, by standing order or through collaborative agreement, dispense, furnish, or otherwise provide an opioid antagonist in the name of a service program, law enforcement agency, fire department, or secondary distributor to be maintained for use as provided in [this section](#).

(2) A pharmacist or secondary distributor who dispenses, furnishes, or otherwise provides an opioid antagonist pursuant to a valid prescription, standing order, or collaborative agreement shall provide written instruction, which shall include emergency, crisis, and substance referral contact information, to the recipient in accordance with the protocols and instructions developed by the department under [this section](#).

2. A service program, law enforcement agency, fire department, or secondary distributor may obtain a prescription for and maintain a supply of opioid antagonists. A service program, law enforcement agency, fire department, or secondary distributor that obtains such a prescription shall replace an opioid antagonist upon its use or expiration.

3. A first responder employed by a service program, law enforcement agency, or fire department that maintains a supply of opioid antagonists pursuant to [this section](#) may possess and provide or administer such an opioid antagonist to an individual if the first responder reasonably and in good faith believes that such individual is experiencing an opioid-related overdose.

4. A secondary distributor may possess and provide an opioid antagonist to a person in a position to assist as defined in [section 135.190](#).

5. The following persons, provided they have acted reasonably and in good faith, shall not be liable for any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist as provided in [this section](#):

a. A first responder who provides, administers, or assists in the administration of an opioid antagonist to an individual as provided in [this section](#).

b. A service program, law enforcement agency, fire department, or secondary distributor.

c. The prescriber of the opioid antagonist.

d. The pharmacist who dispenses the opioid antagonist.

6. The department may adopt rules pursuant to [chapter 17A](#) to implement and administer [this section](#).

[2016 Acts, ch 1061, §3](#); [2016 Acts, ch 1139, §71 – 75](#); [2023 Acts, ch 86, §19 – 22](#)

Section amended

147A.19 Reserved.

SUBCHAPTER II

STATEWIDE TRAUMA CARE SYSTEM

147A.20 Short title.

[This subchapter](#) may be cited as the “*Iowa Trauma Care System Development Act*”.

[95 Acts, ch 40, §1](#)

147A.21 Definitions.

As used in [this subchapter](#), unless the context otherwise requires:

1. “*Categorization*” means a preliminary determination by the department that a hospital or emergency care facility is capable of providing trauma care in accordance with criteria adopted pursuant to [chapter 17A](#) for level I, II, III, and IV care capabilities.

2. “*Department*” means the department of health and human services.

3. “*Director*” means the director of health and human services.

4. “*Emergency care facility*” means a physician’s office, clinic, or other health care center which provides emergency medical care in conjunction with other primary care services.

5. “*Hospital*” means a facility licensed under [chapter 135B](#), or a comparable emergency care facility located and licensed in another state.

6. “*Trauma*” means a single or multisystem life-threatening or limb-threatening injury, or an injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.

7. “*Trauma care facility*” means a hospital or emergency care facility which provides trauma care and has been verified by the department as having level I, II, III, or IV care capabilities and issued a certificate of verification pursuant to [section 147A.23, subsection 2, paragraph “c”](#).

8. “*Trauma care system*” means an organized approach to providing personnel, facilities, and equipment for effective and coordinated trauma care.

9. “*Verification*” means a formal process by which the department certifies a hospital or emergency care facility’s capacity to provide trauma care in accordance with criteria established for level I, II, III, and IV trauma care facilities.

[95 Acts, ch 40, §2](#); [2023 Acts, ch 19, §265](#)

Subsections 2 and 3 amended

147A.22 Legislative findings and intent — purpose.

The general assembly finds the following:

1. Trauma is a serious health problem in the state of Iowa and is the leading cause of death of younger Iowans. The death and disability associated with traumatic injury contributes

to the significant medical expenses and lost work, and adversely affects the productivity of Iowans.

2. Optimal trauma 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 our rural communities.

3. The goal of a statewide trauma care system is to coordinate the medical needs of the injured person with an integrated system of optimal and cost-effective trauma care. The result of a well-coordinated statewide trauma care system is to reduce the incidences of inadequate trauma care and preventable deaths, minimize human suffering, and decrease the costs associated with preventable mortality and morbidity.

4. The development of the Iowa trauma care system will achieve these goals while meeting the unique needs of the rural residents of the state.

[95 Acts, ch 40, §3](#)

147A.23 Trauma care system development.

1. The department is designated as a lead agency in this state responsible for the development of a statewide trauma care system.

2. The department, in consultation with the trauma system advisory council, shall develop, coordinate, and monitor a statewide trauma care system. This system shall include, but not be limited to, the following:

a. The categorization of all hospitals and emergency care facilities by the department as to their capacity to provide trauma care services. The categorization shall be determined by the department from self-reported information provided to the department by the hospital or emergency care facility. This categorization shall not be construed to imply any guarantee on the part of the department as to the level of trauma care services available at the hospital or emergency care facility.

b. The issuance of a certificate of verification of all categorized hospitals and emergency care facilities from the department at the level preferred by the hospital or emergency care facility. The standards and verification process shall be established by rule and may vary as appropriate by level of trauma care capability. To the extent possible, the standards and verification process shall be coordinated with other applicable accreditation and licensing standards.

c. Upon verification and the issuance of a certificate of verification, a hospital or emergency care facility agrees to maintain a level of commitment and resources sufficient to meet responsibilities and standards as required by the trauma care criteria established by rule under [this subchapter](#). Verifications are valid for a period of three years or as determined by the department and are renewable. As part of the verification and renewal process, the department may conduct periodic on-site reviews of the services and facilities of the hospital or emergency care facility.

d. The department is responsible for the funding of the administrative costs of [this subchapter](#). Any funds received by the department for this purpose shall be deposited in the emergency medical services fund established in [section 135.25](#).

e. [This section](#) shall not be construed to limit the number and distribution of level I, II, III, and IV categorized and verified trauma care facilities in a community or region.

[95 Acts, ch 40, §4](#)

Referred to in [§147A.21](#)

147A.24 Trauma system advisory council established.

1. A trauma system advisory council is established. The following organizations or officials may recommend a representative to the council:

- a. American academy of pediatrics.
- b. American college of emergency physicians, Iowa chapter.
- c. American college of surgeons, Iowa chapter.
- d. Department of health and human services.
- e. Governor's traffic safety bureau.
- f. Iowa academy of family physicians.

- g. Iowa emergency medical services association.
 - h. Iowa emergency nurses association.
 - i. Iowa hospital association representing rural hospitals.
 - j. Iowa hospital association representing urban hospitals.
 - k. Iowa medical society.
 - l. Iowa osteopathic medical society.
 - m. Iowa physician assistant society.
 - n. Iowa society of anesthesiologists.
 - o. Orthopedic system advisory council of the American academy of orthopedic surgeons, Iowa representative.
 - p. Rehabilitation services delivery representative.
 - q. Iowa's Medicare quality improvement organization.
 - r. State medical examiner.
 - s. Trauma nurse coordinator representing a trauma registry hospital.
 - t. University of Iowa, injury prevention research center.
2. The council shall consist of seven members to be appointed by the director from the recommendations of the organizations in [subsection 1](#) for terms of two years. Vacancies on the council shall be filled for the remainder of the term of the original appointment. Members whose terms expire may be reappointed.
3. The voting members of the council shall elect a chairperson and a vice chairperson and other officers as the council deems necessary. The officers shall serve until their successors are elected and qualified.
4. The council shall do all of the following:
- a. Advise the department on issues and strategies to achieve optimal trauma care delivery throughout the state.
 - b. Assist the department in the implementation of an Iowa trauma care plan.
 - c. Develop criteria for the categorization of all hospitals and emergency care facilities according to their trauma care capabilities. These categories shall be for levels I, II, III, and IV, based on the most current guidelines published by the American college of surgeons committee on trauma, the American college of emergency physicians, and the model trauma care plan of the United States department of health and human services' health resources and services administration.
 - d. Develop a process for the verification of the trauma care capacity of each facility and the issuance of a certificate of verification.
 - e. Develop standards for medical direction, trauma care, triage and transfer protocols, and trauma registries.
 - f. Promote public information and education activities for injury prevention.
 - g. Review the rules adopted under [this subchapter](#) and make recommendations to the director for changes to further promote optimal trauma care.
 - h. Develop, implement, and conduct trauma care system evaluation, quality assessment, and quality improvement.
5. Proceedings, records, and reports developed pursuant to [this section](#) constitute peer review records under [section 147.135](#), and are not subject to discovery by subpoena or admissible as evidence. All information and documents received from a hospital or emergency care facility under [this subchapter](#) shall be confidential pursuant to [section 272C.6, subsection 4](#).
- [95 Acts, ch 40, §5; 98 Acts, ch 1100, §19; 2001 Acts, ch 74, §6; 2013 Acts, ch 129, §50 – 52; 2019 Acts, ch 85, §78; 2023 Acts, ch 19, §266](#)

Subsection 1, paragraph d amended

147A.25 System evaluation and quality improvement committee. Repealed by 2013 Acts, ch 129, §57.

147A.26 Trauma registry.

1. The department shall maintain a statewide trauma reporting system by which the

trauma system advisory council and the department may monitor the effectiveness of the statewide trauma care system.

2. The data collected by and furnished to the department pursuant to [this section](#) are confidential records of the condition, diagnosis, care, or treatment of patients or former patients, including outpatients, pursuant to [section 22.7](#). The compilations prepared for release or dissemination from the data collected are not confidential under [section 22.7, subsection 2](#). However, information which individually identifies patients shall not be disclosed and state and federal law regarding patient confidentiality shall apply.

3. To the extent possible, activities under [this section](#) shall be coordinated with other health data collection methods.

[95 Acts, ch 40, §7; 96 Acts, ch 1079, §7; 2013 Acts, ch 129, §53](#)

147A.27 Department to adopt rules.

The department shall adopt rules, pursuant to [chapter 17A](#), to implement the Iowa trauma care system plan, which specify all of the following:

1. Standards for trauma care.
2. Triage and transfer protocols.
3. Trauma registry procedures and policies.
4. Trauma care education and training requirements.
5. Hospital and emergency care facility categorization criteria.
6. Procedures for approval, denial, probation, and revocation of certificates of verification.

[95 Acts, ch 40, §8](#)

147A.28 Prohibited acts.

A hospital or emergency care facility that imparts or conveys, or causes to be imparted or conveyed, that it is a trauma care facility, or that uses any other term to indicate or imply that the hospital or emergency care facility is a trauma care facility without having obtained a certificate of verification under [this subchapter](#) is subject to a civil penalty not to exceed one hundred dollars per day for each offense. In addition, the director may apply to the district court for a writ of injunction to restrain the use of the term “trauma care facility”. However, nothing in [this subchapter](#) shall be construed to restrict a hospital or emergency facility from providing any services for which it is duly authorized.

[95 Acts, ch 40, §9; 95 Acts, ch 209, §21](#)