

CHAPTER 110
CENTER FOR RURAL HEALTH
AND PRIMARY CARE

Chapter rescission date pursuant to Iowa Code section 17A.7: 1/1/28

641—110.1(135) Purpose and scope. The following rules developed by the department of public health govern the organization of the center for rural health and primary care within the department of public health.

[ARC 4076C, IAB 10/10/18, effective 11/14/18; ARC 4703C, IAB 10/9/19, effective 11/13/19]

641—110.2(135,135B) Definitions.

“Center for rural health and primary care” means the department of public health administrative entity that is responsible for provision of technical planning assistance to rural communities and counties, administration of a comprehensive primary care provider recruitment and retention endeavor, coordination of services to provide research of rural occupational health injuries and hazards, and coordination with the following: the center for agricultural health and safety, the center for health effects of environmental contamination, and the department of agriculture and land stewardship.

“Community health services assessment and developmental plan” means a comprehensive health services assessment and plan which has been developed through a communitywide collaborative effort of public and private entities, including citizens at large, located in rural communities.

“Department” means the Iowa department of public health.

“Director” means the director of the department of public health.

“Health care workforce and community support grant program” means a program that provides assistance in the form of a forgivable loan, grant, or other nonfinancial assistance to communities to support the effort of a community and that is part of the community’s long-term community health services assessment and developmental plan.

“Primary care health professional” means an individual who is providing primary health services and is licensed to practice in the state of Iowa.

“Primary care provider loan repayment program” means a loan repayment for qualifying loans to eligible health professionals who choose to establish practices in designated health professional shortage areas of the state.

“Primary care provider recruitment and retention endeavor” or *“PRIMECARRE”* means a comprehensive primary health care initiative which promotes and assists local efforts in developing health care provider recruitment and retention programs and which includes a health care workforce and community support grant program and a primary care provider loan repayment program.

“Primary health services” means health services regarding family practice, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health that are provided by physicians or other health professionals.

[ARC 4076C, IAB 10/10/18, effective 11/14/18; ARC 4703C, IAB 10/9/19, effective 11/13/19]

641—110.3(135) Responsibilities of the center.

110.3(1) The center for rural health and primary care shall provide technical planning assistance to rural communities and counties exploring innovative means of delivering rural health services through community health services assessment, planning, and implementation, including but not limited to hospital conversions, cooperative agreements among hospitals, physician and health practitioner support, recruitment and retention of primary health care providers, public health services, emergency medical services, medical assistance facilities, rural health care clinics, and alternative means which may be included in the long-term community health services assessment and developmental plan.

110.3(2) The center for rural health and primary care shall encourage collaborative efforts of the local boards of health, hospital governing boards, and other public and private entities located in rural communities to adopt a long-term community health services assessment and developmental plan.

110.3(3) The center for rural health and primary care shall provide technical assistance to assist rural communities in improving Medicare reimbursements or establishing additional sources of funding through initiatives such as rural health clinics, distinct part skilled nursing facility beds, and the swing-bed program.

110.3(4) The center for rural health and primary care shall coordinate services to provide research for the following:

- a.* Examination of the prevalence of rural occupational health injuries in the state.
- b.* Assessment of training and continuing education available through local hospitals and others relating to diagnosis and treatment of diseases associated with rural occupational health hazards.
- c.* Determination of continuing education support necessary for rural health practitioners to diagnose and treat illnesses caused by exposure to rural occupational health hazards.
- d.* Determination of the types of actions that can help prevent agricultural accidents, surveillance and reporting of disabilities suffered by persons engaged in agricultural-related injuries and diseases in the state.
- e.* Identifying causal factors associated with agricultural-related injuries and diseases and indicating the effectiveness of intervention programs designed to reduce injuries and diseases.

110.3(5) The center for rural health and primary care shall cooperate with the center for agricultural health and safety, the center for health effects of environmental contamination and the department of agriculture and land stewardship to coordinate programs to the extent practicable.

110.3(6) The center for rural health and primary care shall administer grants for farm safety education efforts directed to rural families for the purpose of preventing farm-related injuries to children.

110.3(7) The center for rural health and primary care shall administer the PRIMECARRE.

- a.* PRIMECARRE shall include the following:
 - (1) A health care workforce and community support grant program.
 - (2) A primary care provider loan repayment program.
- b.* PRIMECARRE shall promote and accommodate local creativity in efforts to recruit and retain health care professionals to provide services in the locality. The focus shall be on developing health care provider recruitment and retention programs.
- c.* The center for rural health and primary care may enter into an agreement with the college student aid commission for the administration of the center's grant and loan repayment program.

[ARC 4076C, IAB 10/10/18, effective 11/14/18]

641—110.4(135) Advisory committee to the center for rural health and primary care. Rescinded ARC 4703C, IAB 10/9/19, effective 11/13/19.

641—110.5(135) Organization. Rescinded ARC 4703C, IAB 10/9/19, effective 11/13/19.

641—110.6(135) Meetings. Rescinded ARC 4703C, IAB 10/9/19, effective 11/13/19.

641—110.7 to 110.10 Reserved.

PRIMECARRE HEALTH CARE WORKFORCE AND COMMUNITY SUPPORT GRANT PROGRAM

641—110.11(135) Purpose. The purpose of the PRIMECARRE health care workforce and community support grant program is to support community efforts which are part of the community's long-term community health services assessment and developmental plan. The application process is based upon the department's strategic plan. A community or region applying for assistance must complete a community health services assessment and adopt a long-term developmental plan. The community may request assistance with the assessment from the department. The community's or region's plan shall include, to the extent possible, a clear commitment to informing high school students of the health care opportunities which may be available to such students. The grant assistance may be in the form of a forgivable loan, grant, or other nonfinancial assistance as deemed appropriate by the center for rural health and primary care. Grants or other assistance provided by the center are intended to promote and accommodate local creativity in efforts to recruit and retain health care professionals to provide services in the locality. Notice

of the availability of these public funds shall be published in the Iowa Administrative Bulletin in accordance with 641—Chapter 176.

110.11(1) Eligibility. The following requirements must be met in order to be eligible for the program:

a. The community or region must have illustrated efforts to meet the health care provider needs of the locality and surrounding area.

b. The community or region must have completed a community health services assessment and adopted a long-term developmental plan as established herein.

c. Participation in a community health services assessment process shall be documented by the community or region.

110.11(2) Funding. Grants awarded under the program shall be awarded to rural, underserved areas or special populations as identified by the department's strategic plan or evidence-based documentation.

110.11(3) Use of funds. Funds may be used for the following:

a. The procurement of clinical equipment, clinical facilities, and telecommunications facilities.

b. Support for locum tenens arrangements and primary care provider mentor programs.

c. Other capacity-building activities as they relate to recruitment and retention of primary health care providers.

110.11(4) Matching funds. Applications submitted may contain a commitment of matching funds for the grant assistance.

110.11(5) Application process. Applicants for grant funds must complete application forms provided by the department. Application materials shall be made available by the department at least 45 days prior to the application due date. Grant applications will be issued in accordance with 641—Chapter 176.

110.11(6) Selection criteria and review process. Selection criteria will be based on illustrated efforts to meet the health care provider needs of the locality and surrounding area. Selection criteria and the process for evaluation of applications shall be described in the application materials provided by the department. A competitive grant application review committee shall be appointed by the administrative head of the center for rural health and primary care. Grants will be awarded according to review criteria developed by the center, in accordance with 641—Chapter 176.

110.11(7) Notice of grant award. The department shall notify all applicants of the decision of grant awards.

110.11(8) Appeals. Applicants with a denied request for funding may appeal the decision of grant awards. The appeal shall be made in writing to the director, Iowa department of public health, within 10 days of the notification date of the grant awards decision. The appeal shall be mailed by certified mail, return receipt requested, or delivered by personal service. The decision of the director of public health becomes the department's final action and shall be sent by certified mail, return receipt requested, or delivered by personal service within 14 days of the receipt of the appeal.

110.11(9) Grantee oversight. The department shall monitor the use of funds granted to communities to ensure accountability and conformance with legislative intent. Oversight processes shall be described in the application materials provided by the department.

[ARC 4076C, IAB 10/10/18, effective 11/14/18]

641—110.12 to 110.15 Reserved.

PRIMECARRE PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM

641—110.16(135) Purpose. A primary care provider loan repayment program is established to increase the number of health professionals practicing primary care in federally designated health professional shortage areas of the state. If sufficient state funds are available, applications will be considered for loan repayment for primary care providers practicing in communities not located in federally designated shortage areas. Under the program, loan repayment may be made to a recipient for educational loans incurred while completing an accredited health education program directly related to obtaining credentials necessary to practice the recipient's health profession. Notice of the availability of these public funds shall be published in the Iowa Administrative Bulletin in accordance with 641—Chapter 176.

110.16(1) *Health care professional eligibility.* The following requirements must be met by health care professionals in order to be eligible for the program:

a. The status of the health care professional's citizenship must meet requirements of the National Health Service Corps loan repayment program.

b. The health care professional must be licensed or certified to practice in the state of Iowa as a primary care health professional as defined in 641—110.2(135) and approved by the state for purposes of program priorities and requirements. Physicians must have completed a primary care residency and be board-eligible or board-certified.

c. The health care provider must possess evidence of a contractual agreement to practice full time at a site in a designated shortage area within the state and approved by the state for the minimum number of years required by federal programs providing support for the program.

d. The health care provider shall provide one year of obligated service in exchange for each year of loan repayment, unless federal requirements otherwise require.

e. The health care provider must agree to comply with all contract provisions and the rules and regulations as promulgated by the department.

f. The health care provider must possess a license that is not restricted by a medical regulatory authority of any jurisdiction of the United States, other nations, or territories.

g. The health care professional must be eligible under Section 338B of the Public Health Service Act as amended November 16, 1990, by Public Law 101-597.

h. The health care provider must agree to provide full-time primary health care services at a clinical site in a designated health professional shortage area.

i. The health care provider must agree not to discriminate on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to the program established in Title XVIII (Medicare) of the Social Security Act, or pursuant to the program established in Title XIX (Medicaid) of such Act.

j. The health care provider must agree to accept assignment under Section 1842(b)(3)(B)(ii) of the Social Security Act for all services for which payment may be made under Part B of Title XVIII and to enter into an appropriate agreement with the state agency that administers the state plan for medical assistance under Title XIX of such Act to provide service to individuals entitled to medical assistance under the plan.

k. The health care provider must complete an application form provided by the Iowa department of public health.

110.16(2) *Site eligibility.* The following requirements must be met in order to be eligible for placement of a health professional qualified under the PRIMECARRE loan repayment program:

a. The site must be located in a designated health professional shortage area in the state.

b. The site must agree to accept Medicare/Medicaid assignment.

c. The site must have a sliding fee schedule in place that is based upon the ability to pay.

d. The site must have completed a community health services assessment and adopted a long-term developmental plan.

e. The site must be part of a system of care. For the purpose of receiving federal assistance, a system of care is defined as a service continuum that includes comprehensive primary care for all regardless of ability to pay, and appropriate arrangements for secondary and tertiary care, including a referral system and arrangements for call coverage.

f. The site must complete an application form provided by the department.

g. The site must agree to report to the department those individuals unable to fulfill the contract.

110.16(3) *Federal grant requirements.* Use of federal grant dollars for loan repayment contracts requires that eligibility be determined as authorized by federal grant requirements.

110.16(4) *Funding limitations.* Loan repayment contracts provided under this program shall be determined annually, based upon the legislative appropriation for the PRIMECARRE initiative and other sources of funds.

110.16(5) *Other sources of funds.* The department of public health shall seek participation in federal programs supporting repayment of loans of health care providers and acceptance of gifts, grants, and other

aid or amounts from any person, association, foundation, trust, corporation, governmental agency, or other entity for the purposes of the program.

110.16(6) *Review process.* The department of public health shall establish a review committee which will review all applications and make recommendations for loan repayment contracts. The department shall provide the review committee with a methodology for prioritization of federal shortage areas and eligible nonfederal shortage areas to be utilized in the application review process. The department shall provide the review committee with the criteria and scoring methodology to be used in reviewing the applications, in accordance with 641—Chapter 176. Evaluation criteria will include the applicant's outstanding educational loans and professional credentials.

110.16(7) *Contract oversight and administration.* The department of public health shall establish and enforce the terms of the contract, including implementation of any methods, e.g., legal action, that may be necessary to recoup loan repayment funds in the event of failure on the part of a program recipient to fulfill the terms and conditions of the contract. The department shall take into consideration mitigating circumstances which may prohibit a recipient from fulfilling the recipient's contractual obligation or for whom fulfilling the obligation would cause undue hardship. The department of public health shall also provide for cancellation of contracts for reasonable cause to be determined by the department, unless federal requirements otherwise require.

110.16(8) *Appeals.* Applicants with a denied request for loan repayment funding may appeal the decision of loan repayment awards. The appeal shall be made in writing to the director, Iowa department of public health, within 10 days of the notification date of the loan repayment awards decision. The appeal shall be mailed by certified mail, return receipt requested, or delivered by personal service. The decision of the director of public health becomes the department's final action and shall be sent by certified mail, return receipt requested, or delivered by personal service within 14 days of the receipt of the appeal.

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