

CHAPTER 110  
CENTER FOR RURAL HEALTH  
AND PRIMARY CARE

**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 bureau of health delivery systems of the department of public health.

**641—110.2(135) Definitions.**

*“Area health education center (AHEC)”* means the linking of university health centers with community-based delivery systems in order to improve delivery of health care.

*“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.

*“Center for rural health and primary care advisory committee”* means a group of individuals appointed by the governor, department directors and the Iowa legislature whose purpose is to provide advice and make recommendations on rural health issues to the center for rural health and primary care, department of public health.

*“Community 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 which is part of the community’s long-term community health services assessment and developmental plan.

*“Community health services assessment and developmental plan”* means a comprehensive health services assessment and plan which has been developed through a community-wide 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.

*“Primary care collaborative work group”* means a group of individuals who, at a minimum, represent the following entities, who are responsible for coordination of all statewide recruitment and retention activities and for recommendations related to the implementation of the primary care provider recruitment and retention endeavor (PRIMECARRE): University of Iowa college of medicine, University of Osteopathic Medicine and Health Sciences, University of Iowa physician assistant school, University of Iowa nurse practitioner school, University of Osteopathic Medicine and Health Sciences physician assistant program, Iowa-Nebraska primary care association, Iowa medical society, Iowa osteopathic medical association, Iowa chapter of American college of osteopathic family physicians, Iowa academy of family physicians, nurse practitioner association, Iowa nurses association, Iowa hospital association, and Iowa physician assistants association.

*“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 community scholarship program”* means a scholarship program that provides obligated-service scholarships to eligible health professional students for qualifying educational expenses incurred to obtain the credentials in that profession in return for providing primary care services in health professional shortage areas in the state.

*“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 (PRIMECARRE)”* means a comprehensive primary health care initiative to promote and assist local efforts in developing health care provider recruitment and retention programs, and which includes a community grant program, a

primary care provider loan repayment program, primary care provider community scholarships, and area health education centers.

*“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.

**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.
- f. Cooperation 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(5)** 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(6)** The center for rural health and primary care shall administer a primary care provider recruitment and retention endeavor (PRIMECARRE).

**110.3(7)** The department of public health shall, in cooperation with the primary care collaborative work group, coordinate the initiative for the development of area health education centers, including making application for a federal grant.

**641—110.4(135) Advisory committee to the center for rural health and primary care.**

**110.4(1)** The purpose of the advisory committee is to provide advice and make recommendations on rural health issues to the center for rural health and primary care, department of public health.

**110.4(2)** The advisory committee will provide the expertise and technical assistance necessary to review and recommend policies pertinent to rural health issues, as well as guidelines for grants and other programs of the center for rural health and primary care.

**110.4(3)** The advisory committee will review reports prepared for the general assembly and make recommendations regarding the reports compiled.

**110.4(4)** The advisory committee will evaluate new care delivery concepts arising to meet the needs of the rural population.

**641—110.5(135) Organization.** The advisory committee to the center for rural health and primary care shall consist of one representative, approved by the respective agency, of each of the following agencies: the department of agriculture and land stewardship, the Iowa department of public health, the department of inspections and appeals, the national institute for rural health policy, the social and behavioral research center for rural health, the institute of agricultural medicine and occupational health, and the Iowa state association of counties. The governor shall appoint two representatives of consumer groups active in rural health issues and a representative of each of two farm organizations active within the state, a representative of an agricultural business in the state, a practicing rural family physician, a practicing rural physician assistant, a practicing rural advanced registered nurse practitioner, and a rural health practitioner who is not a physician, physician assistant, or advanced registered nurse practitioner, as members of the advisory committee. The advisory committee shall also include as members two state representatives, one appointed by the speaker of the house of representatives and one by the minority leader of the house, and two state senators, one appointed by the majority leader of the senate and one by the minority leader of the senate.

**641—110.6(135) Meetings.**

**110.6(1) Meeting dates.** The advisory committee shall meet at least quarterly to conduct its business. Meetings can be scheduled as business requires, but notice to committee members must be at least five working days prior to the meeting date. The administrative head of the center for rural health and primary care shall attend these meetings.

**110.6(2) Meeting procedures.** Robert's Rules of Order shall govern at all meetings.

**110.6(3) Quorum.** A majority of the total membership shall constitute a quorum. Action can be taken by a vote of the majority of the membership.

**110.6(4) Vacancies.** Vacancies will be filled in the same manner as was prescribed in the Code of Iowa. In the case of a vacancy the chairperson will notify the agency of the need to appoint another representative.

**110.6(5) Term of appointment.** Unless otherwise specified by law, term of appointment is for two years with no more than three consecutive terms, excepting the department of public health representative. Exceptions for individual reappointment from organizations represented shall be determined by the director of public health.

**110.6(6) Subcommittees.** The advisory committee for the center for rural health and primary care may designate one or more subcommittees to have such powers and perform such duties as may be deemed necessary by the committee.

**641—110.7 to 110.10** Reserved.

PRIMECARRE COMMUNITY GRANT PROGRAM

**641—110.11(135) Purpose.** The purpose of the PRIMECARRE community grant program is to support community efforts which are part of the community's long-term community health services assessment and developmental 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 center for rural health and primary care. The long-term developmental plan shall include 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 applicant must be a single community with a population of 10,000 or less, or a region consisting of communities with populations of 10,000 or less, respectively.
- b. The community or region must have illustrated efforts to meet the health care provider needs of the locality and surrounding area.
- c. The community or region must have completed a community health services assessment and adopted a long-term developmental plan as established herein.
- d. A letter of intent must be submitted by January 1 preceding the year for which application for assistance is to be made.

**110.11(2) Funding limitations.** Grants awarded under the program shall be subject to the following limitations:

- a. An award of no more than \$10,000 for a single community or region with a population of 10,000 or less.
- b. An award of no more than \$1 per capita for a region in which the population exceeds 10,000.

**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 requirements.** Applications submitted shall contain a commitment of at least a dollar-for-dollar match of 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 director of public health shall notify all applicants in writing 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.

**641—110.12 to 110.15** Reserved.

PRIMECARRE PRIMARY CARE PROVIDER  
COMMUNITY SCHOLARSHIP PROGRAM

**641—110.16(135) Purpose.** A primary care provider community scholarship program is established to recruit and to provide scholarships to train primary health care practitioners in federally designated health professional shortage areas of the state. If sufficient state funds are available, applications will be considered for scholarship placement in communities not located in federally designated shortage areas. Under the program, scholarships may be awarded to a recipient for educational expenses incurred

while completing an accredited health education program directly related to obtaining the 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) *Student eligibility.*** The following requirements must be met by students in order to be eligible for the program:

*a.* The status of the student's citizenship must meet requirements of the National Health Service Corps scholarship program.

*b.* The student must be enrolled or accepted for enrollment as a student in an accredited primary care health professions program, and meet eligibility requirements of Section 338A of the Public Health Service Act as amended November 16, 1990, by Public Law 101-597.

*c.* The student must agree, while enrolled in a health professional school, to maintain an acceptable level of academic standing as determined by the school.

*d.* The student must agree to meet educational and licensure requirements necessary to become a licensed primary care health professional in the state.

*e.* The student must agree to provide full-time primary health care services in a designated shortage area in the state for the minimum number of years required by federal programs providing funding support for the program.

*f.* The student 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.

*g.* The student 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 agree 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.

*h.* The student 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 for a site to be eligible for placement of PRIMECARRE scholars:

*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 health professionals unable to fulfill the contract.

*h.* The site must meet matching funds requirements consistent with current federal requirements.

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

**110.16(4) *Funding limitations.*** Scholarships awarded 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 scholarships for health care providers and shall accept 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 community applications and make recommendations for scholarship awards. 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 of public health shall provide the review committee with the criteria and scoring methodology to be used in reviewing the applications, in accordance with 641—Chapter 176.

**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, including legal action, that may be necessary to recoup scholarship funds in the event of failure on the part of an individual scholarship 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.

**110.16(8) Appeals.** A community with a denied request for funding may appeal the decision of scholarship 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.

**641—110.17 to 110.20** Reserved.

PRIMECARRE PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM

**641—110.21(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.

**110.21(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 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 must agree to comply with all contract provisions and the rules and regulations as promulgated by the department.

*e.* 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.

*f.* 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.

g. 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.

h. 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.

i. 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.

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

**110.21(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.

**110.21(3) *Federal grant requirements.*** Use of federal grant dollars for loan repayment contracts requires that eligibility be determined as authorized by federal grant requirements.

**110.21(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.

**110.21(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.

**110.21(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.

**110.21(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.

**110.21(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.

These rules are intended to implement Iowa Code section 135.107.

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