

**CHAPTER 61**  
**COSMETOLOGY ARTS AND SCIENCES**  
*S.F. 288*

**AN ACT** relating to cosmetology including providing an exclusion from the definition of the practice of cosmetology arts and sciences for the purpose of licensure.

*Be It Enacted by the General Assembly of the State of Iowa:*

Section 1. Section 157.1, subsection 16, Code 1993, is amended to read as follows:

16. "School of cosmetology arts and sciences" means an establishment licensed for the purpose of teaching ~~all of the~~ cosmetology arts and sciences.

Sec. 2. Section 157.2, Code 1993, is amended by adding the following new subsection:

**NEW SUBSECTION. 8.** Persons who apply samples of make up, nail polish or other nail care products, cosmetics, or other cosmetology or esthetics preparations to persons to demonstrate the products in the regular course of business.

Sec. 3. Section 157.2, Code 1993, is amended by adding the following new unnumbered paragraph:

**NEW UNNUMBERED PARAGRAPH.** Cosmetologists shall not represent themselves to the public as electrologists, estheticians, or nail technologists unless the cosmetologist has completed the additional course study for the respective practice as prescribed by the board pursuant to section 157.10.

Approved April 28, 1993

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**CHAPTER 62**  
**COMMUNITY HEALTH MANAGEMENT INFORMATION SYSTEM**  
*S.F. 320*

**AN ACT** relating to the development of a community health management information system.

*Be It Enacted by the General Assembly of the State of Iowa:*

Section 1. **LEGISLATIVE FINDINGS.** The general assembly finds that the development of a community health management information system will result in a more efficient and cost-effective health care claims process; provide an efficient mechanism for the exchange of medical and claims information among providers and other interested entities; provide communities with information on the cost, appropriateness, and effectiveness of health care providers; and provide information to employers and researchers which will allow for benefit plan analysis, and medical effectiveness and related studies. The general assembly finds that the exchange of such medical and claims information, while vital in the effort to control health care administrative costs and in analyzing benefit plans and medical effectiveness, must be done such that all unnecessary identifying information remains confidential; that authorized users of the system must keep such information confidential; and that the privacy rights of individuals must not be violated as a result of the exchange of such information. The general assembly also finds that the implementation of such a system will result in a reduction of the number of paper claim forms that need to be completed, a reduction in the error rate on such forms, an improvement in the overall data communication among affected parties; and a reduction in health care administrative costs.

Sec. 2. IMPLEMENTATION STUDY CONTINUATION. The health data commission shall monitor the progress and continuation of the development and implementation of a community health management information system based upon the study established in 1992 Iowa Acts, chapter 1241, section 37. The health policy corporation of Iowa, through its subsidiary, the health information management center, and through its community health management information system (CHMIS) steering committee, shall report to the governor and leadership of the general assembly on or before November 1, 1993, on its Phase 1 and Phase 2 recommendations, as defined in the Iowa health data commission's January 1, 1993, report to the general assembly, prepared by the steering committee and based upon the study established in 1992 Iowa Acts, chapter 1241, section 37. The steering committee shall coordinate with the Iowa health reform council activities on health care reform, pursuant to the council's obligation to report to the governor and the general assembly by December 1, 1993.

The steering committee shall continue work related to its recommendations contained in the commission's January 1, 1993, report to the general assembly, including phases 1 and 2 of the five-step phased-in approach to the implementation of the CHMIS.

The steering committee shall also coordinate development and implementation of the CHMIS with federal and state agencies concerned with information exchange pursuant to development of "geographic information systems".

Sec. 3. LEGISLATIVE RECOMMENDATIONS. The steering committee shall file a written report with the governor and the general assembly by providing copies of the written report to the office of the governor, and to the secretary of the senate, the chief clerk of the house of representatives, and the legislative service bureau. The steering committee's report shall include recommendations on enabling legislation to be introduced during the 1994 regular session of the general assembly as well as other information or findings deemed appropriate to be included by the steering committee. The report shall be filed as provided in this section and section 2 of this Act on or before November 1, 1993.

Sec. 4. DEFINITIONS. For purposes of this Act, unless the context otherwise requires:

1. "Community health management information system" or "CHMIS" means an integrated electronic health management information system for transmittal and selected storage of data related to claims payable and other health care-related information.

2. "Steering committee" means the committee created by the health management information center pursuant to its agreement with the Iowa health data commission, as identified in section 2 of this Act.

Approved April 28, 1993

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## CHAPTER 63

### TEXTBOOKS FOR PUPILS ATTENDING NONPUBLIC SCHOOLS

*S.F. 364*

**AN ACT** relating to nonpublic school pupil textbook services.

*Be It Enacted by the General Assembly of the State of Iowa:*

Section 1. Section 301.1, unnumbered paragraph 2, Code 1993, is amended to read as follows:

Textbooks adopted and purchased by a school district may, and shall to the extent funds are appropriated by the general assembly, be made available to pupils attending nonpublic