

2. a. In addition to subsection 1, each entity subject to section 28E.5 shall submit, in an electronic format, an initial report to the secretary of state as prescribed by the secretary of state. The report shall include, as applicable, the name of the entity created, the board members of the joint board created, whether the entity is exempt from the publication requirements of section 28E.6, subsection 3, a valid electronic mail address, and any additional information the secretary of state deems appropriate.

b. Following submission of an initial report pursuant to paragraph "a", each entity subject to section 28E.5 shall submit, in an electronic format, a biennial report to the secretary of state in a manner prescribed by the secretary of state by April 1 of every odd-numbered year beginning in calendar year 2009.

Sec. 3. JOINT EXERCISE OF GOVERNMENTAL POWERS — REPORTING REQUIREMENTS — TRANSITION PROVISION. Notwithstanding any provision of section 28E.8, subsection 2, as enacted by this Act, to the contrary, an entity created prior to January 1, 2008, shall be required to submit an initial report to the secretary of state by July 1, 2008.

Sec. 4. EFFECTIVE DATE.

1. The section of this Act amending section 28E.6, being deemed of immediate importance, takes effect upon enactment.

2. The sections of this Act amending section 28E.8 and enacting a transition provision take effect January 1, 2008.

Approved May 11, 2007

CHAPTER 159

REGULATION OF HEALTH-RELATED ACTIVITIES — MISCELLANEOUS CHANGES AND FEES

H.F. 925

AN ACT relating to health-related activities and regulation, including the practices of optometry and mortuary science, establishment of a state public health dental director and an oral health bureau, dependent adult abuse, membership on the child death review team, and immunity for emergency response, and providing for the revision of fees.

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

DIVISION I OPTOMETRY

Section 1. Section 154.1, Code 2007, is amended to read as follows:

154.1 OPTOMETRY — DIAGNOSTICALLY CERTIFIED LICENSED OPTOMETRISTS — THERAPEUTICALLY CERTIFIED OPTOMETRISTS.

1. For the purpose of this subtitle the following classes of persons shall be deemed to be engaged in the practice of optometry:

1. a. Persons employing any means other than the use of drugs, medicine, or surgery for the measurement of the visual power and visual efficiency of the human eye; persons engaged in the prescribing and adapting of lenses, prisms, and contact lenses; and persons engaged in the using or employing of visual training or ocular exercise, for the aid, relief, or correction of vision.

~~2. b.~~ Persons who allow the public to use any mechanical device for such a purpose ~~described in paragraph "a"~~.

~~3. c.~~ Persons who publicly profess to be optometrists and to assume the duties incident to said ~~the~~ profession.

~~2. Certified~~ Diagnostically certified licensed optometrists may employ cycloplegics, mydriatics, and topical anesthetics as diagnostic agents topically applied to determine the condition of the human eye for proper optometric practice or referral for treatment to a person licensed under chapter 148, ~~150~~, or 150A. A diagnostically certified licensed optometrist is an optometrist who is licensed to practice optometry in this state and who is certified by the board of optometry examiners to use diagnostic agents. ~~A certified licensed optometrist shall be provided with a distinctive certificate by the board which shall be displayed for viewing by the patients of the optometrist.~~

~~3.~~ Therapeutically certified optometrists may employ all diagnostic and therapeutic pharmaceutical agents for the purpose of diagnosis and treatment of conditions of the human eye and adnexa pursuant to this ~~paragraph subsection~~, excluding the use of injections other than to counteract an anaphylactic reaction, and notwithstanding section 147.107, may without charge supply any of the above pharmaceuticals to commence a course of therapy. Therapeutically certified optometrists may prescribe oral steroids for a period not to exceed fourteen days without consultation with a ~~primary care~~ physician. Therapeutically certified optometrists shall not prescribe oral Imuran or oral Methotrexate. Therapeutically certified optometrists may be authorized, where reasonable and appropriate, by rule of the board, to employ new diagnostic and therapeutic pharmaceutical agents approved by the United States food and drug administration on or after July 1, 2002, for the diagnosis and treatment of the human eye and adnexa. The board shall not be required to adopt rules relating to topical pharmaceutical agents, oral antimicrobial agents, oral antihistamines, oral antiglaucoma agents, and oral analgesic agents. Superficial foreign bodies may be removed from the human eye and adnexa. The therapeutic efforts of a therapeutically certified optometrist are intended for the purpose of examination, diagnosis, and treatment of visual defects, abnormal conditions, and diseases of the human eye and adnexa, for proper optometric practice or referral for consultation or treatment to persons licensed under chapter 148, ~~150~~, or 150A. A therapeutically certified optometrist is an optometrist who is licensed to practice optometry in this state and who is certified by the board of optometry examiners to use the agents and procedures authorized pursuant to this ~~paragraph subsection~~. ~~A therapeutically certified optometrist shall be provided with a distinctive certificate by the board which shall be displayed for viewing by the patients of the optometrist.~~

Sec. 2. Section 154.3, Code 2007, is amended to read as follows:

154.3 LICENSE.

1. Every applicant for a license to practice optometry shall:

a. ~~1.~~ Be a graduate of an accredited school of optometry and meet requirements as established by rules of the board.

~~b.~~ ~~2.~~ Present an official transcript issued by an accredited school of optometry.

c. ~~3.~~ Pass an examination as determined by the board by rule.

~~2.~~ A person applying to be licensed as an optometrist after January 1, 1980, shall also apply to be a certified licensed optometrist and shall, in addition to satisfactorily completing all requirements for a license to practice optometry, ~~satisfactorily complete a course consisting of at least one hundred contact hours in pharmacology and receive clinical training as it applies to optometry with particular emphasis on the topical application of diagnostic agents to the human eye for the purpose of examination of the human eye, and the diagnosis of conditions of the human eye, at an institution accredited by a regional or professional accreditation organization which is recognized or approved by the council on postsecondary accreditation or the United States office of education.~~

~~3.~~ A person licensed as an optometrist prior to January 1, 1980 who applies to be a certified licensed optometrist shall first satisfactorily complete a course consisting of at least one hun-

dred contact hours in pharmacology as it applies to optometry including clinical training as it applies to optometry with particular emphasis on the topical application of diagnostic agents to the human eye and possible adverse reactions thereto, for the purpose of examination of the human eye and the diagnosis of conditions of the human eye, provided by an institution accredited by a regional or professional accreditation organization which is recognized or approved by the council on postsecondary accreditation or the United States office of education, and approved by the board of optometry examiners.

4. In addition to the examination required by subsection 1, paragraph "c", a person applying to be a certified licensed optometrist shall also pass an examination prescribed by the optometry examiners in the subjects of physiology and pathology appropriate to the use of diagnostic pharmaceutical agents and diagnosis of conditions of the human eye, and pharmacology including systemic effects of ophthalmic diagnostic pharmaceutical agents and the possible adverse reactions thereto, authorized for use by optometrists by section 154.1.

5. A person applying to be licensed as an optometrist after January 1, 1986, shall also apply to be a therapeutically certified optometrist and shall, in addition to satisfactorily completing all requirements for a license to practice optometry, satisfactorily complete a course as defined by rule of the state board of optometry examiners with particular emphasis on the examination, diagnosis and treatment of conditions of the human eye and adnexa provided by an institution accredited by a regional or professional accreditation organization which is recognized or approved by the council on postsecondary accreditation of the United States office of education, and approved by the board of optometry examiners. The rule of the board shall require a course including a minimum of forty hours of didactic education and sixty hours of approved supervised clinical training in the examination, diagnosis and treatment of conditions of the human eye and adnexa. The board may also, by rule, provide a procedure by which an applicant who has received didactic education meeting the requirements of rules adopted pursuant to this subsection at an approved school of optometry may apply to the board for a waiver of the didactic education requirements of this subsection.

6. A person licensed in any state as an optometrist prior to January 1, 1986, who applies to be a therapeutically certified optometrist shall first satisfactorily complete a course as defined by rule of the board of optometry examiners with particular emphasis on the examination, diagnosis and treatment of conditions of the human eye and adnexa provided by an institution accredited by a regional or professional accreditation organization which is recognized or approved by the council on postsecondary accreditation of the United States office of education, and approved by the board of optometry examiners. The rule of the board shall require a course including a minimum of forty hours of didactic education and sixty hours of approved supervised clinical training in the examination, diagnosis, and treatment of conditions of the human eye and adnexa. Effective July 1, 1987, the board shall require that therapeutically certified optometrists prior to the utilization of topical and oral antiglaucoma agents, oral antimicrobial agents and oral analgesic agents shall complete an additional forty-four hours of education with emphasis on treatment and management of glaucoma and use of oral pharmaceutical agents for treatment and management of ocular diseases, provided by an institution accredited by a regional or professional accreditation organization which is recognized or approved by the council on postsecondary accreditation of the United States office of education, and approved by the board of optometry examiners. Upon completion of the additional forty-four hours of education, a therapeutically certified optometrist shall also pass an oral or written examination prescribed by the board. The board shall suspend the optometrist's therapeutic certificate for failure to comply with this subsection by July 1, 1988.

The board shall adopt rules requiring an additional twenty hours per biennium of continuing education in the treatment and management of ocular disease for all therapeutically certified optometrists. The department of ophthalmology of the school of medicine of the state university of Iowa shall be one of the providers of this continuing education.

7. A person licensed in any state as an optometrist prior to January 1, 1986, who applies to be a therapeutically certified optometrist shall also be required to qualify as a certified licensed optometrist as defined in subsections 2, 3, and 4.

~~8. In addition to the examination required by subsection 1, paragraph "c", a person applying to be a therapeutically certified optometrist shall also pass an examination prescribed by the board of optometry examiners in the examination, diagnosis, and treatment of diseases of the human eye and adnexa.~~

Sec. 3. Section 154.10, Code 2007, is amended to read as follows:
154.10 STANDARD OF CARE.

1. A diagnostically certified licensed optometrist employing diagnostic pharmaceutical agents as authorized by section 154.1 shall be held to the same standard of care in the use of such agents and in diagnosis as is common to persons licensed under chapter 148, 150, or 150A in this state.

2. A therapeutically certified optometrist employing pharmaceutical agents as authorized by section 154.1 shall be held to the same standard of care in the use of such agents and in diagnosis and treatment as is common to persons licensed under chapter 148, 150, or 150A in this state.

Sec. 4. Sections 154.4, 154.5, 154.6, and 154.7, Code 2007, are repealed.

DIVISION II MORTUARY SCIENCE

Sec. 5. Section 156.1, subsection 6, Code 2007, is amended to read as follows:

6. "Intern" means a person registered by the board to practice mortuary science under the direct supervision of a ~~funeral director~~ preceptor certified by the board.

Sec. 6. Section 156.1, subsection 7, paragraph d, Code 2007, is amended to read as follows:
d. Embalming ~~by disinfecting or preserving~~ dead human bodies, entire or in part, by the use of chemical substances, fluids, or gases in the body, or by the introduction of ~~the same~~ into the body by vascular or injections, hypodermic injections, or by ~~direct surface~~ application into the organs or cavities for the purpose of preservation or disinfection.

Sec. 7. Section 156.4, subsections 1 and 3, Code 2007, are amended to read as follows:

1. The practice of a funeral director must be conducted from a funeral establishment licensed by the board. The board may specify criteria for exceptions to the requirement of this subsection in rules.

3. Applications for the examination for a funeral director's license shall be ~~in writing~~ and verified on a form furnished by the board.

Sec. 8. Section 156.8A, Code 2007, is amended to read as follows:
156.8A STUDENT PRACTICUM.

The board, by rule, shall provide for practicums in mortuary science for students available through any school accredited by the American board of funeral service education ~~and shall regulate the registration, training, and fees for such practicums.~~

Sec. 9. Section 156.9, subsection 2, Code 2007, is amended to read as follows:

2. In addition to the grounds stated in sections 147.55 and 272C.10, the board may revoke or suspend the license of or otherwise discipline, a funeral director for any one of the following acts:

a. Knowingly misrepresenting any material matter to a prospective purchaser of funeral merchandise, furnishings, or services.

b. ~~Executing a death certificate or burial transit permit for use by anyone except a funeral director or a certified intern who is working under the direct supervision of a funeral director unless otherwise allowed under section 144.32. A violation of chapter 144 related to the practice of mortuary science.~~

c. Knowingly aiding, assisting, procuring, advising, or allowing a person to unlawfully practice mortuary science.

d. Willful or repeated violations of this chapter, or the rules adopted pursuant to this chapter.

e. Conviction of any crime related to the practice of mortuary science or implicating the licensee's competence to safely perform mortuary science services, including but not limited to a crime involving moral character, dishonesty, fraud, theft, embezzlement, extortion, or controlled substances, in a court of competent jurisdiction in this state, or in another state, territory, or district of the United States, or in a foreign jurisdiction. For purposes of this paragraph, "conviction" includes a guilty plea, deferred judgment, or other finding of guilt. A certified copy of the judgment is prima facie evidence of the conviction.

Sec. 10. Section 156.10, Code 2007, is amended to read as follows:

156.10 INSPECTION.

1. The director of public health shall inspect all places where dead human bodies are prepared or held for burial, entombment, or cremation, and shall adopt and enforce such rules and regulations in connection with the inspection as shall be necessary for the preservation of the public health.

2. ~~An~~ The Iowa department of public health shall assess an inspection fee for each an inspection of a place where dead human bodies are prepared for burial or cremation shall be fifteen dollars per year, which shall be collected by the director of public health. The fee shall be determined by the department by rule.

Sec. 11. Section 156.15, subsection 2, paragraph a, Code 2007, is amended to read as follows:

a. ~~Been convicted of a felony or a misdemeanor involving moral turpitude~~ any crime related to the practice of mortuary science or implicating the establishment's ability to safely perform mortuary science services, or if the applicant is an association, joint stock company, partnership, or corporation, that a managing officer ~~or owner~~ has been convicted of a ~~felony or a misdemeanor involving moral turpitude~~ such a crime, under the laws of this state, another state, or the United States.

Sec. 12. Section 156.13, Code 2007, is repealed.

DIVISION III
STATE PUBLIC HEALTH DENTAL DIRECTOR AND ORAL
HEALTH BUREAU ESTABLISHED

Sec. 13. NEW SECTION. 135.14 STATE PUBLIC HEALTH DENTAL DIRECTOR — DUTIES.

1. The position of state public health dental director is established within the department.
2. The dental director shall perform all of the following duties:
 - a. Plan and direct all work activities of the statewide public health dental program.
 - b. Develop comprehensive dental initiatives for prevention activities.
 - c. Evaluate the effectiveness of the statewide public health dental program and of program personnel.
 - d. Manage the oral health bureau including direction, supervision, and fiscal management of bureau staff.
 - e. Other related work as required.

Sec. 14. NEW SECTION. 135.15 ORAL HEALTH BUREAU ESTABLISHED — RESPONSIBILITIES.

An oral health bureau is established within the division of health promotion and chronic disease prevention of the department. The bureau shall be responsible for all of the following:

1. Providing population-based oral health services, including public health training, improvement of dental support systems for families, technical assistance, awareness-building

activities, and educational services, at the state and local level to assist Iowans in maintaining optimal oral health throughout all stages of life.

2. Performing infrastructure building and enabling services through the administration of state and federal grant programs targeting access improvement, prevention, and local oral health programs utilizing maternal and child health programs, Medicaid, and other new or existing programs.

3. Leveraging federal, state, and local resources for programs under the purview of the bureau.

4. Facilitating ongoing strategic planning and application of evidence-based research in oral health care policy development that improves oral health care access and the overall oral health of all Iowans.

5. Developing and implementing an ongoing oral health surveillance system for the evaluation and monitoring of the oral health status of children and other underserved populations.

DIVISION IV DEPENDENT ADULT ABUSE

Sec. 15. Section 235B.3, subsection 1, Code 2007, is amended to read as follows:

1. a. The department shall receive dependent adult abuse reports and shall collect, maintain, and disseminate the reports by establishing a central registry for dependent adult abuse information. The department shall evaluate the reports expeditiously. However, the department of inspections and appeals is solely responsible for the evaluation and disposition of dependent adult abuse cases within health care facilities and shall inform the department of human services of such evaluations and dispositions.

b. Reports of dependent adult abuse which is the result of the acts or omissions of the dependent adult shall be collected and maintained in the files of the dependent adult as assessments only and shall not be included in the central registry.

c. A report of dependent adult abuse that meets the definition of dependent adult abuse under section 235B.2, subsection 5, paragraph "a", subparagraph (1), subparagraph subdivision (a) or (d), which the department determines is minor, isolated, and unlikely to reoccur shall be collected and maintained by the department as an assessment only for a five-year period and shall not be included in the central registry and shall not be considered to be founded dependent adult abuse. However, a subsequent report of dependent adult abuse that meets the definition of dependent adult abuse under section 235B.2, subsection 5, paragraph "a", subparagraph (1), subparagraph subdivision (a) or (d), that occurs within the five-year period and that is committed by the caretaker responsible for the act or omission which was the subject of the previous report of dependent adult abuse which the department determined was minor, isolated, and unlikely to reoccur shall not be considered minor, isolated, and unlikely to reoccur.

Sec. 16. Section 235B.9, Code 2007, is amended by adding the following new subsection:
NEW SUBSECTION. 5. Dependent adult abuse information which is determined to be minor, isolated, and unlikely to reoccur shall be expunged five years after the receipt of the initial report by the department. If a subsequent report of dependent adult abuse committed by the caretaker responsible for the act or omission which was the subject of the previous report of dependent adult abuse which the department determined was minor, isolated, and unlikely to reoccur is received by the department within the five-year period, the information shall be sealed ten years after receipt of the subsequent report unless good cause can be shown why the information should remain open to authorized access.

DIVISION V MISCELLANEOUS PROVISIONS

Sec. 17. Section 135.11, Code 2007, is amended by adding the following new subsection:
NEW SUBSECTION. 31. In consultation with the advisory committee for perinatal guide-

lines, develop and maintain the statewide perinatal program based on the recommendations of the American academy of pediatrics and the American college of obstetricians and gynecologists contained in the most recent edition of the guidelines for perinatal care, and shall adopt rules in accordance with chapter 17A to implement those recommendations. Hospitals within the state shall determine whether to participate in the statewide perinatal program, and select the hospital's level of participation in the program. A hospital having determined to participate in the program shall comply with the guidelines appropriate to the level of participation selected by the hospital.

Sec. 18. Section 135.24, subsection 5, paragraph a, Code 2007, is amended to read as follows:

a. "Charitable organization" means a charitable organization within the meaning of section 501(c)(3) of the Internal Revenue Code ~~which has as its primary purpose the sponsorship or support of programs designed to improve the quality, awareness, and availability of chiropractic, dental, medical, pharmaceutical, nursing, optometric, psychological, social work, behavioral science, podiatric, physical therapy, occupational therapy, respiratory therapy, or emergency medical care services to children and to serve as a funding mechanism for provision of chiropractic, dental, medical, pharmaceutical, nursing, optometric, psychological, social work, behavioral science, podiatric, physical therapy, occupational therapy, respiratory therapy, or emergency medical care services, including but not limited to immunizations, to children in this state.~~

Sec. 19. Section 135.43, subsection 2, unnumbered paragraph 1, Code 2007, is amended to read as follows:

The membership of the review team is subject to the provisions of sections 69.16 and 69.16A, relating to political affiliation and gender balance. Review team members who are not designated by another appointing authority shall be appointed by the director of public health ~~in consultation with the director of human services.~~ Membership terms shall be for three years. A membership vacancy shall be filled in the same manner as the original appointment. The review team shall elect a chairperson and other officers as deemed necessary by the review team. The review team shall meet upon the call of the chairperson, upon the request of a state agency, or as determined by the review team. The members of the team are eligible for reimbursement of actual and necessary expenses incurred in the performance of their official duties.

Sec. 20. Section 135.43, subsection 5, Code 2007, is amended to read as follows:

5. a. The following individuals shall designate a liaison to assist the review team in fulfilling its responsibilities:

- a. (1) The director of public health.
- b. (2) The director of human services.
- c. (3) The commissioner of public safety.
- d. ~~The administrator of the bureau of vital records of the Iowa department of public health.~~
- e. (4) The attorney general.
- f. (5) The director of transportation.
- g. (6) The director of the department of education.

b. In addition, the chairperson of the review team shall designate a liaison from the public at large to assist the review team in fulfilling its responsibilities.

Sec. 21. NEW SECTION. 135.147 IMMUNITY FOR EMERGENCY AID — EXCEPTIONS.

1. A person, corporation, or other legal entity, or an employee or agent of such person, corporation, or entity, who, during a public health disaster, in good faith and at the request of or under the direction of the department or the department of public defense renders emergency care or assistance to a victim of the public health disaster shall not be liable for civil damages for causing the death of or injury to a person, or for damage to property, unless such acts or omissions constitute recklessness.

2. The immunities provided in this section shall not apply to any person, corporation, or other legal entity, or an employee or agent of such person, corporation, or entity, whose act or omission caused in whole or in part the public health disaster and who would otherwise be liable therefor.

Sec. 22. Section 135I.4, subsection 5, Code 2007, is amended to read as follows:

5. Adopt rules in accordance with chapter 17A for the implementation and enforcement of this chapter, and the establishment of fees. ~~The department shall appoint an advisory committee composed of owners, operators, local officials, and representatives of the public to advise it in the formulation of appropriate rules.~~

Sec. 23. Section 135I.6, Code 2007, is amended to read as follows:

135I.6 ENFORCEMENT.

If the department or a local board of health acting pursuant to agreement with the department determines that a provision of this chapter or a rule adopted pursuant to this chapter has been or is being violated, ~~the department may withhold or revoke the registration of a swimming pool or spa, or~~ the department or the local board of health may order that a facility or item of equipment not be used, until the necessary corrective action has been taken. The department or the local board of health may request the county attorney to bring appropriate legal proceedings to enforce this chapter, including an action to enjoin violations. The attorney general may also institute appropriate legal proceedings at the request of the department. This remedy is in addition to any other legal remedy available to the department or a local board of health.

Sec. 24. Section 135M.4, subsection 1, paragraph d, Code 2007, is amended to read as follows:

d. The prescription drug or supplies are prescribed by a health care practitioner for use by an eligible individual and are dispensed by a pharmacist ~~or are dispensed to an eligible individual by the prescribing health care practitioner or the practitioner's authorized agent.~~

Sec. 25. Section 139A.13A, subsection 1, Code 2007, is amended to read as follows:

1. An employer shall not discharge an employee, or take or fail to take action regarding an employee's promotion or proposed promotion, or take action to reduce an employee's wages or benefits for actual time worked, due to the compliance of an employee with a quarantine or isolation order ~~or voluntary confinement request issued by the department, or a local board, or the centers for disease control and prevention of the United States department of health and human services.~~

Sec. 26. Section 144.28, subsection 1, Code 2007, is amended to read as follows:

1. The medical certification shall be completed and signed by the physician in charge of the patient's care for the illness or condition which resulted in death within seventy-two hours after receipt of the death certificate from the funeral director or individual who initially assumes custody of the body, except when inquiry is required by the county medical examiner. ~~If upon inquiry into the death, the county medical examiner determines that a preexisting natural disease or condition was the likely cause of death and that the death does not affect the public interest as described in section 331.802, subsection 3, the county medical examiner may elect to defer to the physician in charge of the patient's preexisting condition the certification of the cause of death.~~ When inquiry is required by the county medical examiner, the medical examiner shall investigate the cause of death and shall complete and sign the medical certification within seventy-two hours after determination of the cause of death.

Sec. 27. Section 144.46, Code 2007, is amended to read as follows:

144.46 FEE FOR COPY OF RECORD FEES.

1. The department by rule shall establish fees based on the average administrative cost which shall be collected by the state registrar or the county registrar for each of the following:

a. A certified copy or short form certification of certificates or records, or for a certificate or record.

b. A search of the files or records when no copy is made, or when no record is found on file.

c. A copy of a certificate or record or a vital statistics data file provided to a researcher in accordance with section 144.44.

d. A copy of a certificate or record or a vital statistics data file provided to a federal, state, local, or other public or private agency for statistical purposes in accordance with section 144.45.

e. Verification or certification of vital statistics data provided to a federal, state, or local governmental agency authorized by rule to receive such data.

2. Fees collected by the state registrar and by the county registrar on behalf of the state under this section shall be deposited in the general fund of the state and the vital records fund established in section 144.46A in accordance with an apportionment established by rule. Fees collected by the county registrar pursuant to section 331.605, subsection 6, shall be deposited in the county general fund. A fee shall not be collected from a political subdivision or agency of this state.

Sec. 28. Section 144.46A, subsections 2 and 3, Code 2007, are amended to read as follows:

2. The department shall adopt rules providing for an increase in the fees charged by the state registrar for vital records services under section 144.46 in an amount necessary to pay for the purposes designated in subsection 1.

3. 2. Increased fees collected by the state registrar pursuant to this section shall be credited to the vital records fund. Moneys credited to the fund pursuant to section 144.46 and otherwise are appropriated to the department to be used for the purposes designated in subsection 1. Notwithstanding section 8.33, moneys credited to the fund that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for expenditure for the purposes designated.

Sec. 29. Section 152.1, subsection 4, paragraph c, Code 2007, is amended to read as follows:

c. Make the pronouncement of death for a patient whose death is anticipated if the death occurs in a licensed hospital, a licensed health care facility, a Medicare-certified home health agency, or a Medicare-certified hospice program or facility, or an assisted living facility or residential care facility, with notice of the death to a physician and in accordance with any directions of a physician.

Sec. 30. Section 152.1, subsection 6, paragraph e, Code 2007, is amended to read as follows:

e. Make the pronouncement of death for a patient whose death is anticipated if the death occurs in a licensed hospital, a licensed health care facility, a Medicare-certified home health agency, or a Medicare-certified hospice program or facility, an assisted living facility, or a residential care facility, with notice of the death to a physician and in accordance with any directions of a physician.

Approved May 11, 2007