Proposing rule making related to standards of practice for telehealth for registered nurses (RNs) and licensed practical nurses (LPNs) and providing an opportunity for public comment

The Board of Nursing hereby proposes to amend Chapter 6, “Nursing Practice for Registered Nurses/Licensed Practical Nurses,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 147.76.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 152.

Purpose and Summary

In light of the proliferation of telehealth services, the Board proposes to adopt new amendments governing minimum standards of practice for registered nurses (RNs) and licensed practical nurses (LPNs) who provide health care services through telehealth. These proposed amendments provide when an Iowa license is required, instruct that the licensee will be held to the same standard of care as is applicable to in-person settings, instruct that RNs and LPNs may only provide services through telehealth that are within the licensee’s scope of practice, require the use of Health Insurance Portability and Accountability Act (HIPAA)-compliant technology, and require adequate recordkeeping of telehealth encounters.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to 655—Chapter 15.

Public Comment

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Board no later than 4:30 p.m. on March 15, 2022. Comments should be directed to:

Kathy Weinberg
Iowa Board of Nursing
400 S.W. Eighth Street, Suite B
Des Moines, Iowa 50309
Email: kathy.weinberg@iowa.gov
Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

March 15, 2022
9 to 10 a.m.
Board Office, Suite B
400 S.W. Eighth Street
Des Moines, Iowa

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rule making.

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Adopt the following new definitions of “Asynchronous store-and-forward transmission,” “Licensee” and “Telehealth” in rule 655—6.1(152):

“Asynchronous store-and-forward transmission” means the collection of a patient’s relevant health information and the subsequent transmission of the data from an originating site to a health care provider at a distant site without the presence of the patient.

“Licensee” means an individual licensed by the board as a registered nurse or licensed practical nurse.

“Telehealth” means the practice of nursing using electronic audiovisual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telehealth includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telehealth, for the purposes of this rule, shall not include the provision of nursing services only through an audio-only telephone, email messages, facsimile transmissions, or U.S. mail or other parcel service, or any combination thereof.

ITEM 2. Adopt the following new rule 655—6.4(152):

655—6.4(152) Telehealth.

6.4(1) Telehealth permitted. A licensee may, in accordance with all applicable laws and rules, provide health care services to a patient through telehealth.

6.4(2) License required. A registered nurse or licensed practical nurse who provides services through telehealth to a patient physically located in Iowa must hold an active license issued by the board or have an active privilege to practice in Iowa pursuant to the nurse licensure compact.

6.4(3) Standard of care. A licensee who provides services through telehealth shall be held to the same standard of care as is applicable to in-person settings. A licensee shall not perform any service via telehealth unless the same standard of care can be achieved as if the service was performed in person.

6.4(4) Scope of practice. A licensee who provides services through telehealth shall ensure the services provided are consistent with the licensee’s scope of practice, education, training, and experience.

6.4(5) Technology. A licensee providing services through telehealth shall utilize technology that is secure and compliant with the Health Information Portability and Accountability Act (HIPAA). The
technology must be of sufficient quality, size, resolution, and clarity such that the licensee can safely and effectively provide the telehealth services and abide by the applicable standard of care.

6.4(6) Records. A licensee who provides services through telehealth shall maintain a record of the care provided to the patient. Such records shall comply with all applicable laws, rules, and standards of care for recordkeeping, confidentiality, and disclosure of a patient’s medical record.