

PUBLIC HEALTH DEPARTMENT[641]

Adopted and Filed

Rule making related to diabetes education programs

The Public Health Department hereby amends Chapter 9, “Outpatient Diabetes Education Programs,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 135.11.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 135.11.

Purpose and Summary

The amendments reflect revisions related to an external organization’s name and a credential designation. Clarifying revisions are also adopted for acronyms and a few other items.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on January 26, 2022, as **ARC 6156C**. No public comments were received. No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the State Board of Health on March 9, 2022.

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 Department for a waiver of the discretionary provisions, if any, pursuant to the Department’s waiver provisions contained in 641—Chapter 178.

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).

Effective Date

This rule making will become effective on May 11, 2022.

The following rule-making actions are adopted:

ITEM 1. Adopt the following **new** definitions of “ADCES” and “Certified diabetes care and education specialist” in rule **641—9.2(135)**:

“*ADCES*” means the Association of Diabetes Care and Education Specialists.

“*Certified diabetes care and education specialist*” means a person currently certified by the Certification Board for Diabetes Care and Education.

ITEM 2. Amend rule **641—9.2(135)**, definitions of “Accredited” and “Pharmacist,” as follows:

“*Accredited*” means that a program is currently accredited by the ~~American~~ American Association of Diabetes Care and Education Specialists (ADCES)/American Association of Diabetes Educators (AADE).

“*Pharmacist*” means a person currently licensed to practice pharmacy under Iowa Code chapter ~~155~~ 155A.

ITEM 3. Amend subrule 9.3(1) as follows:

9.3(1) Develop minimum standards ~~in coordination with the American Diabetes Association for~~ certification aligned with the National Standards for Diabetes Self-Management Education and Support published by the ADA and the American Association of Diabetes Educators ADCES/AADE.

ITEM 4. Amend subrule 9.3(5) as follows:

9.3(5) Assign a ~~program~~ site number and an expiration date and issue a certificate to each program that meets the standards. A certificate shall be valid for four years from issuance unless specified otherwise on the certificate or unless sooner revoked.

ITEM 5. Amend rules 641—9.4(135) to 641—9.10(135) as follows:

641—9.4(135) Application procedures for American Diabetes Association-recognized and ~~American~~ Association of Diabetes Care and Education Specialists/American Association of Diabetes Educators-accredited programs. When a program is recognized by the ~~American Diabetes Association~~ ADA or accredited by the ~~American Association of Diabetes Educators~~ ADCES/AADE, the program shall apply for certification by submitting the following to the department:

9.4(1) A copy of the Certificate of Recognition provided by ~~the~~ ADA or the Certificate of Accreditation provided by ~~AADE~~ the ADCES/AADE.

9.4(2) The name, address and telephone number for the program.

9.4(3) ~~The names~~ name and email address of the program coordinator; ~~and the names of the program~~ physician, primary and supporting instructors, and advisory committee members.

9.4(4) Copies of current licenses for all Iowa-licensed professionals named in 9.4(3).

9.4(5) The name and a copy of both the Iowa licenses and continuing education hours of any pharmacist who serves as program staff. A pharmacist shall be a primary or supporting instructor or advisory committee member and shall meet the education requirements in 9.8(6), 9.8(7) or 9.8(8).

641—9.5(135) Renewal procedures for American Diabetes Association-recognized and ~~American~~ Association of Diabetes Care and Education Specialists/American Association of Diabetes Educators-accredited programs. Programs shall renew their certification every four years, at least 30 days prior to the expiration date. To apply for renewal of certification, the ADA-recognized program or the ~~AADE~~ ADCES/AADE-accredited program shall submit the following to the department:

9.5(1) A copy of the new ADA Certificate of Recognition or ~~AADE~~ ADCES/AADE Certificate of Accreditation.

9.5(2) The name, address and telephone number for the program.

9.5(3) ~~The names~~ name and email address of the program coordinator; ~~and the names of the program~~ physician, primary and supporting instructors, and advisory committee members.

9.5(4) Copies of current licenses for all Iowa-licensed professionals named in 9.5(3).

9.5(5) The name and a copy of both the Iowa licenses and continuing education hours of any pharmacist who serves as program staff. A pharmacist shall be a primary or supporting instructor or advisory committee member and shall meet the continuing education requirements in 9.9(7).

641—9.6(135) Application procedures for programs not recognized by the American Diabetes Association or accredited by the ~~American~~ Association of Diabetes Care and Education Specialists/American Association of Diabetes Educators.

9.6(1) Each program shall apply for certification with the department.

9.6(2) Applications from programs not recognized by the ADA or accredited by ~~AADE~~ the ADCES/AADE shall provide the following information:

a. Name, address and telephone number for the program, program physician and program coordinator and email address of the program coordinator. The names of instructional staff and advisory committee members and copies of their current Iowa licenses shall also be included.

b. Identification of the target population, an estimate of the program caseload, estimated number of programs to be conducted annually, minimum and maximum class size, and a calendar identifying the hours per day and number of days per week scheduled in individual or group instruction to meet the minimum course requirements.

c. A description of goals and objectives, participant referral mechanism, and means of coordinating between the community, physicians, and program staff.

d. Evaluation methods designed by individual programs and samples of documents to be used.

e. A description of the curriculum designed to instruct the participant with diabetes how to achieve self-management competency. The curriculum shall cover the same content areas as are required by the ADA for recognition or the ~~AADE~~ ADCES/AADE for accreditation including:

(1) to (7) No change.

(8) Reducing risks: includes prevention, detection, and treatment of acute complications (including hypoglycemia, hyperglycemia, diabetic ketoacidosis, sick days, and severe weather or crisis supply management) and chronic complications; (including foot, ~~skin~~ eye and dental care; exams; immunizations; and kidney function testing as indicated).

(9) to (11) No change.

641—9.7(135) Diabetes program management for programs not recognized by the American Diabetes Association or accredited by the ~~American~~ Association of Diabetes Care and Education Specialists/American Association of Diabetes Educators.

9.7(1) to 9.7(4) No change.

641—9.8(135) Program staff for programs not recognized by the American Diabetes Association or accredited by the ~~American~~ Association of Diabetes Care and Education Specialists/American Association of Diabetes Educators.

9.8(1) to 9.8(5) No change.

9.8(6) All primary instructors shall show evidence of knowledge about the disease process of diabetes and the treatment and management of people with diabetes by documentation of one or more of the following:

a. Within the last four years, completion of a minimum of 32 hours of continuing education in diabetes, diabetes management, or diabetes education; ~~or~~.

b. Equivalent training or experience including, but not limited to, endocrinology fellowship training or masters level preparation in diabetes nursing/nutrition. Unsupervised teaching of patients is not an acceptable equivalent.

c. Current certification as a certified diabetes care and education specialist/certified diabetes educator.

9.8(7) All supporting instructors shall show evidence of knowledge about the disease process of diabetes and the treatment and management of people with diabetes by documentation of completion of a minimum of 16 hours of continuing education in diabetes, diabetes management, or diabetes education within the last four years or have current certification as a certified diabetes care and education specialist/certified diabetes educator.

9.8(8) to 9.8(10) No change.

641—9.9(135) Renewal application procedures for programs not recognized by the American Diabetes Association or accredited by the ~~American~~ Association of Diabetes Care and Education Specialists/American Association of Diabetes Educators. Every four years, programs shall provide the following information to the department at least 30 days prior to the expiration date.

9.9(1) Name, address and telephone number of the program, program physician and program coordinator, ~~with;~~ email address of the program coordinator; and names of instructional staff and advisory committee members and copies of current licenses for all Iowa-licensed professionals.

9.9(2) to 9.9(7) No change.

641—9.10(135) Annual report. Summary data shall be completed annually by each program and sent to the department at a time determined by the department. The data shall include but not be limited to the number of times the program was presented, the number of outpatients that participated, and a summarized description of program participants including type of diabetes, age, race and sex.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/6/22.