



IOWA ADMINISTRATIVE BULLETIN

Published Biweekly

VOLUME XXXV
July 25, 2012

NUMBER 2
Pages 93 to 180

CONTENTS IN THIS ISSUE

Pages 104 to 180 include **ARC 0211C** and **ARC 0213C** to **ARC 0236C**

AGENDA

Administrative rules review committee 97

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]

Notice, Licensure of pesticide applicators;
grain warehouse storage, 45.3(6), 45.4,
45.22, 90.2, 90.10, 90.21 **ARC 0234C** 104

Filed, Update of references to certain
animal diseases, 61.30, 64.1(1), 64.5,
64.17, 64.171 to 64.174, 64.177,
64.178, 65.4(2)“b” **ARC 0230C** 158

ALL AGENCIES

Agency identification numbers 102

Citation of administrative rules 95

Schedule for rule making 96

CIVIL REPARATIONS TRUST FUND

Notice 107

EDUCATIONAL EXAMINERS BOARD[282] EDUCATION DEPARTMENT[281]“umbrella”

Notice, Elementary endorsement—
verification of highly qualified teacher
status, 13.26(5) **ARC 0236C** 108

Notice, Mathematics—grade nine
endorsement, 13.28(12) **ARC 0235C** 109

Notice, Special education—update of
terminology to “intellectual disability,”
14.2 **ARC 0229C** 110

HOMELAND SECURITY AND EMERGENCY MANAGEMENT DIVISION[605] PUBLIC DEFENSE DEPARTMENT[601]“umbrella”

Notice, Local emergency management
commission—membership, budget
approval, 7.3(1) **ARC 0233C** 112

HUMAN SERVICES DEPARTMENT[441]

Notice, Medicaid provider
enrollment—public health agencies,
77.42, 78.48, 79.1(2), 79.3(2)“d”(41)
ARC 0231C 113

LANDSCAPE ARCHITECTURAL EXAMINING BOARD[193D] Professional Licensing and Regulation Bureau[193] COMMERCE DEPARTMENT[181]“umbrella”

Filed, “Retired” status, 1.1, 2.1, 2.8, 2.10
ARC 0213C 160

MEDICINE BOARD[653] PUBLIC HEALTH DEPARTMENT[641]“umbrella”

Filed, Permanent physician licensure,
amendments to ch 9 **ARC 0215C** 162

Filed, Resident, special and temporary
physician licensure, amendments to
ch 10 **ARC 0216C** 167

Filed, Continuing education and training
requirements, amendments to ch 11
ARC 0217C 171

NATURAL RESOURCE COMMISSION[571] NATURAL RESOURCES DEPARTMENT[561]“umbrella”

Notice, Gatherings with keg beer, 63.1 to
63.7 **ARC 0225C** 115

NURSING BOARD[655]

PUBLIC HEALTH DEPARTMENT[641]“umbrella”

Notice, Licensure by examination—
verification of English skills of an
individual educated and licensed in
another country, 3.4(4) **ARC 0214C** 118

PROFESSIONAL LICENSURE DIVISION[645]

PUBLIC HEALTH DEPARTMENT[641]“umbrella”

Notice, Respiratory care—continuing
education, setup and delivery of
equipment, 262.3(2), 265.4 **ARC 0221C** 119

Notice, Sign language interpreters and
translitterators—examinations for
licensure, 361.2(1)“d” **ARC 0228C** 121

Filed, Chiropractic physicians—
continuing education, 44.3(2)“a”(1)
ARC 0211C 174

Filed, Occupational therapists and
occupational therapy assistants, 206.1,
206.8 to 206.12, 206.18, 206.19,
209.2(11) **ARC 0223C** 175

PUBLIC HEALTH DEPARTMENT[641]

Notice, Maternal and child health
program, amendments to ch 76 **ARC 0226C** 122

Notice, Substance abuse and
problem gambling treatment
programs—tuberculosis screening
of staff and residents, 155.21(16)“d,”
155.36 to 155.38 **ARC 0227C** 133

PUBLIC HEARINGS

Summarized list 100

PUBLIC SAFETY DEPARTMENT[661]

Filed, Identification cards for former
peace officers of the department, ch 93
ARC 0218C 178

Filed, Criminalistics laboratory—
operations, 95.5, 150.3(8), 150.4(2),
156.1 to 156.10, 157.2, 157.7 **ARC 0219C** 179

REGENTS BOARD[681]

Notice, Admission requirements for state
universities, amendments to ch 2 **ARC 0220C** 139

REVENUE DEPARTMENT[701]

Notice, Individual income, corporation
income, and franchise tax, amendments
to chs 40, 42, 43, 46, 49, 52, 53, 55 to
57, 59 to 61 **ARC 0232C** 148

SOIL CONSERVATION DIVISION[27]

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]“umbrella”

Filed, Financial incentive program for
soil erosion control—agricultural
land under conservation cover, 10.20,
10.60(6) **ARC 0224C** 180

TRANSPORTATION DEPARTMENT

Advisory Notice 154

TREASURER OF STATE

Notice—Public funds interest rates 155

WORKERS’ COMPENSATION DIVISION[876]

WORKFORCE DEVELOPMENT DEPARTMENT[871]“umbrella”

Filed Emergency, Payroll tax tables, 8.8
ARC 0222C 157

PREFACE

The Iowa Administrative Bulletin is published biweekly pursuant to Iowa Code chapters 2B and 17A and contains Notices of Intended Action and rules adopted by state agencies.

It also contains Proclamations and Executive Orders of the Governor which are general and permanent in nature; Regulatory Analyses; effective date delays and objections filed by the Administrative Rules Review Committee; Agenda for monthly Administrative Rules Review Committee meetings; and other materials deemed fitting and proper by the Administrative Rules Review Committee.

The Bulletin may also contain public funds interest rates [12C.6]; workers' compensation rate filings [515A.6(7)]; usury rates [535.2(3)"a"]; and agricultural credit corporation maximum loan rates [535.12].

PLEASE NOTE: Underscore indicates new material added to existing rules; ~~strike through~~ indicates deleted material.

STEPHANIE A. HOFF, Administrative Code Editor

Telephone: (515)281-3355

Fax: (515)281-5534

CITATION of Administrative Rules

The Iowa Administrative Code shall be cited as (agency identification number) IAC (chapter, rule, subrule, lettered paragraph, or numbered subparagraph).

441 IAC 79	(Chapter)
441 IAC 79.1	(Rule)
441 IAC 79.1(1)	(Subrule)
441 IAC 79.1(1)"a"	(Paragraph)
441 IAC 79.1(1)"a"(1)	(Subparagraph)

The Iowa Administrative Bulletin shall be cited as IAB (volume), (number), (publication date), (page number), (ARC number).

IAB Vol. XII, No. 23 (5/16/90) p. 2050, ARC 872A

NOTE: In accordance with Iowa Code section 2B.5A, a rule number within the Iowa Administrative Code includes a reference to the statute which the rule is intended to implement: 441—79.1(249A).

Schedule for Rule Making 2012

NOTICE SUBMISSION DEADLINE	NOTICE PUB. DATE	HEARING OR COMMENTS 20 DAYS	FIRST POSSIBLE ADOPTION DATE 35 DAYS	ADOPTED FILING DEADLINE	ADOPTED PUB. DATE	FIRST POSSIBLE EFFECTIVE DATE	POSSIBLE EXPIRATION OF NOTICE 180 DAYS
Dec. 21 '11	Jan. 11 '12	Jan. 31 '12	Feb. 15 '12	Feb. 17 '12	Mar. 7 '12	Apr. 11 '12	July 9 '12
Jan. 6	Jan. 25	Feb. 14	Feb. 29	Mar. 2	Mar. 21	Apr. 25	July 23
Jan. 20	Feb. 8	Feb. 28	Mar. 14	Mar. 16	Apr. 4	May 9	Aug. 6
Feb. 3	Feb. 22	Mar. 13	Mar. 28	Mar. 30	Apr. 18	May 23	Aug. 20
Feb. 17	Mar. 7	Mar. 27	Apr. 11	Apr. 13	May 2	June 6	Sep. 3
Mar. 2	Mar. 21	Apr. 10	Apr. 25	Apr. 27	May 16	June 20	Sep. 17
Mar. 16	Apr. 4	Apr. 24	May 9	May 11	May 30	July 4	Oct. 1
Mar. 30	Apr. 18	May 8	May 23	***May 23***	June 13	July 18	Oct. 15
Apr. 13	May 2	May 22	June 6	June 8	June 27	Aug. 1	Oct. 29
Apr. 27	May 16	June 5	June 20	***June 20***	July 11	Aug. 15	Nov. 12
May 11	May 30	June 19	July 4	July 6	July 25	Aug. 29	Nov. 26
May 23	June 13	July 3	July 18	July 20	Aug. 8	Sep. 12	Dec. 10
June 8	June 27	July 17	Aug. 1	Aug. 3	Aug. 22	Sep. 26	Dec. 24
June 20	July 11	July 31	Aug. 15	Aug. 17	Sep. 5	Oct. 10	Jan. 7 '13
July 6	July 25	Aug. 14	Aug. 29	***Aug. 29***	Sep. 19	Oct. 24	Jan. 21 '13
July 20	Aug. 8	Aug. 28	Sep. 12	Sep. 14	Oct. 3	Nov. 7	Feb. 4 '13
Aug. 3	Aug. 22	Sep. 11	Sep. 26	Sep. 28	Oct. 17	Nov. 21	Feb. 18 '13
Aug. 17	Sep. 5	Sep. 25	Oct. 10	Oct. 12	Oct. 31	Dec. 5	Mar. 4 '13
Aug. 29	Sep. 19	Oct. 9	Oct. 24	***Oct. 24***	Nov. 14	Dec. 19	Mar. 18 '13
Sep. 14	Oct. 3	Oct. 23	Nov. 7	***Nov. 7***	Nov. 28	Jan. 2 '13	Apr. 1 '13
Sep. 28	Oct. 17	Nov. 6	Nov. 21	***Nov. 21***	Dec. 12	Jan. 16 '13	Apr. 15 '13
Oct. 12	Oct. 31	Nov. 20	Dec. 5	***Dec. 5***	Dec. 26	Jan. 30 '13	Apr. 29 '13
Oct. 24	Nov. 14	Dec. 4	Dec. 19	***Dec. 19***	Jan. 9 '13	Feb. 13 '13	May 13 '13
Nov. 7	Nov. 28	Dec. 18	Jan. 2 '13	Jan. 4 '13	Jan. 23 '13	Feb. 27 '13	May 27 '13
Nov. 21	Dec. 12	Jan. 1 '13	Jan. 16 '13	Jan. 18 '13	Feb. 6 '13	Mar. 13 '13	June 10 '13
Dec. 5	Dec. 26	Jan. 15 '13	Jan. 30 '13	Feb. 1 '13	Feb. 20 '13	Mar. 27 '13	June 24 '13
Dec. 19	Jan. 9 '13	Jan. 29 '13	Feb. 13 '13	Feb. 15 '13	Mar. 6 '13	Apr. 10 '13	July 8 '13

PRINTING SCHEDULE FOR IAB

<u>ISSUE NUMBER</u>	<u>SUBMISSION DEADLINE</u>	<u>ISSUE DATE</u>
4	Friday, August 3, 2012	August 22, 2012
5	Friday, August 17, 2012	September 5, 2012
6	Wednesday, August 29, 2012	September 19, 2012

PLEASE NOTE:

Rules will not be accepted after **12 o'clock noon** on the Friday filing deadline days unless prior approval has been received from the Administrative Rules Coordinator's office.

If the filing deadline falls on a legal holiday, submissions made on the following Monday will be accepted.

*****Note change of filing deadline*****

The Administrative Rules Review Committee will hold its regular, statutory meeting on Tuesday, August 14, 2012, at 9 a.m. in Room 116, State Capitol, Des Moines, Iowa. The following rules will be reviewed:

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]

Licensure of pesticide applicators; grain warehouse storage, 45.3(6), 45.4, 45.22, 90.2,
90.10, 90.21 Notice **ARC 0234C** 7/25/12
Update of references to certain animal diseases, 61.30, 64.1(1), 64.5, 64.17, 64.171 to
64.174, 64.177, 64.178, 65.4(2)“b” Filed **ARC 0230C** 7/25/12

ALCOHOLIC BEVERAGES DIVISION[185]

COMMERCE DEPARTMENT[181]“umbrella”
Mixed drinks or cocktails not for immediate consumption, 4.5
Notice **ARC 0205C**, also Filed Emergency **ARC 0204C** 7/11/12

BANKING DIVISION[187]

COMMERCE DEPARTMENT[181]“umbrella”
Sale of certain instruments for payment of money; examinations, rescind 2.11, ch 3 Filed **ARC 0210C** 7/11/12

EDUCATIONAL EXAMINERS BOARD[282]

EDUCATION DEPARTMENT[281]“umbrella”
Elementary endorsement—verification of highly qualified teacher status, 13.26(5) Notice **ARC 0236C** 7/25/12
Mathematics—grade nine endorsement, 13.28(12) Notice **ARC 0235C** 7/25/12
Special education—update of terminology to “intellectual disability,” 14.2 Notice **ARC 0229C** 7/25/12

ENVIRONMENTAL PROTECTION COMMISSION[567]

NATURAL RESOURCES DEPARTMENT[561]“umbrella”
Commercial septic tank cleaners; private sewage disposal systems, amendments to chs 68,
69 Filed **ARC 0208C** 7/11/12

HOMELAND SECURITY AND EMERGENCY MANAGEMENT DIVISION[605]

PUBLIC DEFENSE DEPARTMENT[601]“umbrella”
Local emergency management commission—membership, budget approval, 7.3(1)
Notice **ARC 0233C** 7/25/12

HUMAN SERVICES DEPARTMENT[441]

Nursing facility services and institutional care—annual update of statewide average costs
and charges, 75.23(3), 75.24(3)“b” Filed Emergency **ARC 0192C** 7/11/12
Medicaid—health home services for members with chronic health conditions, 77.3, 77.47,
78.53, 79.1(2), 79.3(2)“d,” 79.14(2)“e” Filed Emergency After Notice **ARC 0198C** 7/11/12
Payment of nonfederal share of medical assistance costs; waiver services cap and
reimbursement rates; covered mental health services, amendments to chs 77 to 79, 82,
83, 88 Notice **ARC 0193C**, also Filed Emergency **ARC 0191C** 7/11/12
Medicaid provider enrollment—public health agencies, 77.42, 78.48, 79.1(2), 79.3(2)“d”(41)
Notice **ARC 0231C** 7/25/12
Medicaid provider enrollment—speech-language pathologists, 77.48, 78.54, 79.1(2)
Notice **ARC 0203C** 7/11/12
Medicaid reimbursement—readmission for inpatient hospital care, 78.3, 79.1(5)“g”
Notice **ARC 0195C**, also Filed Emergency **ARC 0194C** 7/11/12
Medicaid reimbursement rates for physician-administered drugs, 79.1
Notice **ARC 0197C**, also Filed Emergency **ARC 0196C** 7/11/12
IowaCare—services provided by Broadlawns Medical Center, 92.8(9) Filed Emergency **ARC 0200C** 7/11/12
Two-year foster family home license; foster parent training, 112.4(6), 117.7(3)“a,” 117.9(1)
Notice **ARC 0202C** 7/11/12
Foster family home licensure—bedrooms, fire safety, 113.5, 113.7 Notice **ARC 0206C** 7/11/12

LABOR SERVICES DIVISION[875]

WORKFORCE DEVELOPMENT DEPARTMENT[871]“umbrella”
Boilers and pressure vessels—rules review, inspections, amendments to chs 81, 83, 85, 90 to
92, 95, 96 Notice **ARC 0207C** 7/11/12

LANDSCAPE ARCHITECTURAL EXAMINING BOARD[193D]

Professional Licensing and Regulation Bureau[193]
COMMERCE DEPARTMENT[181]“umbrella”
“Retired” status, 1.1, 2.1, 2.8, 2.10 Filed **ARC 0213C** 7/25/12

MEDICINE BOARD[653]

PUBLIC HEALTH DEPARTMENT[641]"umbrella"

- Permanent physician licensure, amendments to ch 9 Filed **ARC 0215C**..... 7/25/12
 Resident, special and temporary physician licensure, amendments to ch 10 Filed **ARC 0216C**..... 7/25/12
 Continuing education and training requirements, amendments to ch 11 Filed **ARC 0217C**..... 7/25/12

NATURAL RESUORCE COMMISSION[571]

NATURAL RESOURCES DEPARTMENT[561]"umbrella"

- State parks and recreation areas; state forest camping, amend ch 61; rescind ch 62 Notice **ARC 0190C**..... 7/11/12
 Gatherings with keg beer, 63.1 to 63.7 Notice **ARC 0225C**..... 7/25/12
 Deer hunting by residents—license and season restrictions, quotas, November season closed,
 106.1, 106.2, 106.4(4), 106.6, 106.7(4), 106.9 Filed **ARC 0189C**..... 7/11/12
 Bobcat and river otter trapping—quotas, 108.7(3) Filed **ARC 0188C**..... 7/11/12

NURSING BOARD[655]

PUBLIC HEALTH DEPARTMENT[641]"umbrella"

- Licensure by examination—verification of English skills of an individual educated and
 licensed in another country, 3.4(4) Notice **ARC 0214C**..... 7/25/12

PROFESSIONAL LICENSURE DIVISION[645]

PUBLIC HEALTH DEPARTMENT[641]"umbrella"

- Chiropractic physicians—continuing education, 44.3(2)"a"(1) Filed **ARC 0211C**..... 7/25/12
 Occupational therapists and occupational therapy assistants, 206.1, 206.8 to 206.12, 206.18,
 206.19, 209.2(11) Filed **ARC 0223C**..... 7/25/12
 Respiratory care—continuing education, setup and delivery of equipment, 262.3(2), 265.4
Notice **ARC 0221C**..... 7/25/12
 Sign language interpreters and transliterators—examinations for licensure, 361.2(1)"d"
Notice **ARC 0228C**..... 7/25/12

PUBLIC HEALTH DEPARTMENT[641]

- Maternal and child health program, amendments to ch 76 Notice **ARC 0226C**..... 7/25/12
 Substance abuse and problem gambling treatment programs—tuberculosis screening of staff
 and residents, 155.21(16)"d," 155.36 to 155.38 Notice **ARC 0227C**..... 7/25/12

PUBLIC SAFETY DEPARTMENT[661]

- Identification cards for former peace officers of the department, ch 93 Filed **ARC 0218C**..... 7/25/12
 Criminalistics laboratory—operations, 95.5, 150.3(8), 150.4(2), 156.1 to 156.10, 157.2,
 157.7 Filed **ARC 0219C**..... 7/25/12

REAL ESTATE APPRAISER EXAMINING BOARD[193F]

Professional Licensing and Regulation Bureau[193]

COMMERCE DEPARTMENT[181]"umbrella"

- Confidentiality of complaint and investigative information; discipline; continuing education,
 8.7, 8.15, 11.2(1)"b" Notice **ARC 0209C**..... 7/11/12

REGENTS BOARD[681]

- Admission requirements for state universities, amendments to ch 2 Notice **ARC 0220C**..... 7/25/12

REVENUE DEPARTMENT[701]

- Individual income, corporation income, and franchise tax, amendments to chs 40, 42, 43, 46,
 49, 52, 53, 55 to 57, 59 to 61 Notice **ARC 0232C**..... 7/25/12
 Sourcing of taxable services, ch 223 Notice **ARC 0199C**..... 7/11/12

SOIL CONSERVATION DIVISION[27]

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]"umbrella"

- Financial incentive program for soil erosion control—agricultural land under conservation
 cover, 10.20, 10.60(6) Filed **ARC 0224C**..... 7/25/12

TRANSPORTATION DEPARTMENT[761]

- Rest area and highway helper sponsorship programs; competition with private enterprise,
 25.2(8); chs 123, 124 Filed **ARC 0187C**..... 7/11/12
 Issuance of driver's licenses and identification cards; REAL ID, amendments to chs 601,
 605, 625, 630 Notice **ARC 0201C**..... 7/11/12

WORKERS' COMPENSATION DIVISION[876]

WORKFORCE DEVELOPMENT DEPARTMENT[871]"umbrella"

Payroll tax tables, 8.8 Filed Emergency **ARC 0222C** 7/25/12

ADMINISTRATIVE RULES REVIEW COMMITTEE MEMBERS

Regular, statutory meetings are held the second Tuesday of each month at the seat of government as provided in Iowa Code section 17A.8. A special meeting may be called by the Chair at any place in the state and at any time.

Senator Merlin Bartz
2081 410th Street
Grafton, Iowa 50440

Representative David Heaton
510 East Washington Street
Mt. Pleasant, Iowa 52641

Senator Thomas Courtney
2609 Clearview
Burlington, Iowa 52601

Representative Jo Oldson
4004 Grand Avenue, #302
Des Moines, Iowa 50312

Senator Wally Horn
101 Stoney Point Road, SW
Cedar Rapids, Iowa 52404

Representative Rick Olson
3012 East 31st Court
Des Moines, Iowa 50317

Senator John P. Kibbie
P.O. Box 190
Emmetsburg, Iowa 50536

Representative Dawn Pettengill
P.O. Box A
Mt. Auburn, Iowa 52313

Senator James Seymour
901 White Street
Woodbine, Iowa 51579

Representative Guy Vander Linden
1610 Carbonado Road
Oskaloosa, Iowa 52577

Joseph A. Royce
Legal Counsel
Capitol
Des Moines, Iowa 50319
Telephone (515)281-3084
Fax (515)281-8451

Brenna Findley
Administrative Rules Coordinator
Governor's Ex Officio Representative
Capitol, Room 18
Des Moines, Iowa 50319
Telephone (515)281-5211

ADMINISTRATIVE SERVICES DEPARTMENT[11]

Information technology enterprise; human resources enterprise, amendments to chs 1, 20, 50 to 54, 56 to 61, 63 IAB 6/27/12 ARC 0180C	Room 329, Third Floor Hoover State Office Bldg. Des Moines, Iowa	July 31, 2012 1 to 2 p.m.
---	--	------------------------------

ALCOHOLIC BEVERAGES DIVISION[185]

Mixed drinks or cocktails not for immediate consumption, 4.5 IAB 7/11/12 ARC 0205C (See also ARC 0204C)	Division Boardroom 1918 SE Hulsizer Rd. Ankeny, Iowa	August 2, 2012 10 a.m. (If requested)
---	--	---

BLIND, DEPARTMENT FOR THE[111]

Organization and procedures; personnel; library services; vocational and independent living rehabilitation services, amendments to chs 1 to 3, 6, 8 to 11, 13 IAB 6/27/12 ARC 0181C	Director's Conference Room, First Floor Department for the Blind 524 4th St. Des Moines, Iowa	September 15, 2012 10 a.m.
--	--	-------------------------------

EDUCATIONAL EXAMINERS BOARD[282]

Elementary endorsement— verification of highly qualified teacher status, 13.26(5) IAB 7/25/12 ARC 0236C	Room 3 Southwest, Third Floor Grimes State Office Bldg. Des Moines, Iowa	August 15, 2012 1 p.m.
Mathematics—grade nine endorsement, 13.28(12) IAB 7/25/12 ARC 0235C	Room 3 Southwest, Third Floor Grimes State Office Bldg. Des Moines, Iowa	August 15, 2012 1 p.m.
Special education—update of terminology to “intellectual disability,” 14.2 IAB 7/25/12 ARC 0229C	Room 3 Southwest, Third Floor Grimes State Office Bldg. Des Moines, Iowa	August 15, 2012 1 p.m.

ENVIRONMENTAL PROTECTION COMMISSION[567]

Compliance and enforcement procedures, ch 17 IAB 6/27/12 ARC 0182C (See ARC 0051C , IAB 3/21/12)	Rooms NC180 E & F North Iowa Area Community College Conference Center Bldg. 500 College Dr. Mason City, Iowa	July 31, 2012 1 to 2:30 p.m.
	Rooms 142-144 Des Moines Area Community College 906 N. Main St. Carroll, Iowa	August 7, 2012 1 to 2:30 p.m.

HOMELAND SECURITY AND EMERGENCY MANAGEMENT DIVISION[605]

Local emergency management commission—membership, budget approval, 7.3(1) IAB 7/25/12 ARC 0233C	Division Conference Room Building W-4, Camp Dodge Johnston, Iowa	August 16, 2012 10 a.m.
---	--	----------------------------

LABOR SERVICES DIVISION[875]

Boilers and pressure vessels—rules review, inspection, amendments to chs 81, 83, 85, 90 to 92, 95, 96 IAB 7/11/12 ARC 0207C	Capitol View Room 1000 E. Grand Ave. Des Moines, Iowa	August 1, 2012 1:30 p.m. (If requested)
---	---	---

NATURAL RESOURCE COMMISSION[571]

State parks and recreation areas; state forest camping, amend ch 61; rescind ch 62 IAB 7/11/12 ARC 0190C	Fourth Floor West Conference Room Wallace State Office Bldg. Des Moines, Iowa	July 31, 2012 2 p.m.
Gatherings with keg beer, 63.1 to 63.7 IAB 7/25/12 ARC 0225C	Fourth Floor West Conference Room Wallace State Office Bldg. Des Moines, Iowa	August 14, 2012 2 p.m.

PROFESSIONAL LICENSURE DIVISION[645]

Respiratory care—continuing education, setup and delivery of equipment, 262.3(2), 265.4 IAB 7/25/12 ARC 0221C	Fifth Floor Conference Room 526 Lucas State Office Bldg. Des Moines, Iowa	August 14, 2012 9 to 9:30 a.m.
Sign language interpreters and transliterators—examinations for licensure, 361.2(1) IAB 7/25/12 ARC 0228C	Fifth Floor Board Conference Room Lucas State Office Bldg. Des Moines, Iowa	August 14, 2012 9 to 9:30 a.m.

PUBLIC HEALTH DEPARTMENT[641]

Maternal and child health program, amendments to ch 76 IAB 7/25/12 ARC 0226C	GoToMeeting online at: https://www1.gotomeeting.com/register/265192552 Toll-free: 1-877-568-4108 Access Code: 803-892-592	August 14, 2012 9 to 11 a.m.
Substance abuse and problem gambling treatment programs—tuberculosis screening of staff and residents, 155.21(16)“d,” 155.36 to 155.38 IAB 7/25/12 ARC 0227C	Room 517 Lucas State Office Bldg. Des Moines, Iowa	August 14, 2012 12 noon to 1 p.m.

REAL ESTATE APPRAISER EXAMINING BOARD[193F]

Confidentiality of complaint and investigative information; discipline; continuing education, 8.7, 8.15, 11.2(1)“b” IAB 7/11/12 ARC 0209C	Professional Licensing Conference Room Second Floor 1920 SE Hulsizer Rd. Ankeny, Iowa	July 31, 2012 9 a.m.
---	--	-------------------------

TRANSPORTATION DEPARTMENT[761]

Issuance of driver’s licenses and identification cards; REAL ID, amendments to chs 601, 605, 625, 630 IAB 7/11/12 ARC 0201C	Motor Vehicle Division Offices 6310 SE Convenience Blvd. Ankeny, Iowa	August 2, 2012 10 a.m. (If requested)
---	---	---

The following list will be updated as changes occur.

“Umbrella” agencies and elected officials are set out below at the left-hand margin in CAPITAL letters.

Divisions (boards, commissions, etc.) are indented and set out in lowercase type under their statutory “umbrellas.”

Other autonomous agencies are included alphabetically in SMALL CAPITALS at the left-hand margin.

ADMINISTRATIVE SERVICES DEPARTMENT[11]
 AGING, DEPARTMENT ON[17]
 AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]
 Agricultural Development Authority[25]
 Soil Conservation Division[27]
 ATTORNEY GENERAL[61]
 AUDITOR OF STATE[81]
 BEEF INDUSTRY COUNCIL, IOWA[101]
 BLIND, DEPARTMENT FOR THE[111]
 CAPITAL INVESTMENT BOARD, IOWA[123]
 CITIZENS’ AIDE[141]
 CIVIL RIGHTS COMMISSION[161]
 COMMERCE DEPARTMENT[181]
 Alcoholic Beverages Division[185]
 Banking Division[187]
 Credit Union Division[189]
 Insurance Division[191]
 Professional Licensing and Regulation Bureau[193]
 Accountancy Examining Board[193A]
 Architectural Examining Board[193B]
 Engineering and Land Surveying Examining Board[193C]
 Landscape Architectural Examining Board[193D]
 Real Estate Commission[193E]
 Real Estate Appraiser Examining Board[193F]
 Interior Design Examining Board[193G]
 Savings and Loan Division[197]
 Utilities Division[199]
 CORRECTIONS DEPARTMENT[201]
 Parole Board[205]
 CULTURAL AFFAIRS DEPARTMENT[221]
 Arts Division[222]
 Historical Division[223]
 EARLY CHILDHOOD IOWA STATE BOARD[249]
 ECONOMIC DEVELOPMENT AUTHORITY[261]
 City Development Board[263]
 IOWA FINANCE AUTHORITY[265]
 EDUCATION DEPARTMENT[281]
 Educational Examiners Board[282]
 College Student Aid Commission[283]
 Higher Education Loan Authority[284]
 Iowa Advance Funding Authority[285]
 Libraries and Information Services Division[286]
 Public Broadcasting Division[288]
 School Budget Review Committee[289]
 EGG COUNCIL, IOWA[301]
 EMPOWERMENT BOARD, IOWA[349]
 ENERGY INDEPENDENCE, OFFICE OF[350]
 ETHICS AND CAMPAIGN DISCLOSURE BOARD, IOWA[351]
 EXECUTIVE COUNCIL[361]
 FAIR BOARD[371]
 HUMAN RIGHTS DEPARTMENT[421]
 Community Action Agencies Division[427]
 Criminal and Juvenile Justice Planning Division[428]
 Deaf Services Division[429]
 Persons With Disabilities Division[431]

Latino Affairs Division[433]
Status of African-Americans, Division on the[434]
Status of Women Division[435]
Status of Iowans of Asian and Pacific Islander Heritage[436]
HUMAN SERVICES DEPARTMENT[441]
INSPECTIONS AND APPEALS DEPARTMENT[481]
Employment Appeal Board[486]
Foster Care Review Board[489]
Racing and Gaming Commission[491]
State Public Defender[493]
IOWA PUBLIC EMPLOYEES' RETIREMENT SYSTEM[495]
LAW ENFORCEMENT ACADEMY[501]
LIVESTOCK HEALTH ADVISORY COUNCIL[521]
LOTTERY AUTHORITY, IOWA[531]
MANAGEMENT DEPARTMENT[541]
Appeal Board, State[543]
City Finance Committee[545]
County Finance Committee[547]
NATURAL RESOURCES DEPARTMENT[561]
Energy and Geological Resources Division[565]
Environmental Protection Commission[567]
Natural Resource Commission[571]
Preserves, State Advisory Board for[575]
PETROLEUM UNDERGROUND STORAGE TANK FUND BOARD, IOWA COMPREHENSIVE[591]
PREVENTION OF DISABILITIES POLICY COUNCIL[597]
PROPANE EDUCATION AND RESEARCH COUNCIL, IOWA[599]
PUBLIC DEFENSE DEPARTMENT[601]
Homeland Security and Emergency Management Division[605]
Military Division[611]
PUBLIC EMPLOYMENT RELATIONS BOARD[621]
PUBLIC HEALTH DEPARTMENT[641]
Professional Licensure Division[645]
Dental Board[650]
Medicine Board[653]
Nursing Board[655]
Pharmacy Board[657]
PUBLIC SAFETY DEPARTMENT[661]
RECORDS COMMISSION[671]
REGENTS BOARD[681]
Archaeologist[685]
REVENUE DEPARTMENT[701]
SECRETARY OF STATE[721]
SHEEP AND WOOL PROMOTION BOARD, IOWA[741]
TELECOMMUNICATIONS AND TECHNOLOGY COMMISSION, IOWA[751]
TRANSPORTATION DEPARTMENT[761]
TREASURER OF STATE[781]
TURKEY MARKETING COUNCIL, IOWA[787]
UNIFORM STATE LAWS COMMISSION[791]
VETERANS AFFAIRS, IOWA DEPARTMENT OF[801]
VETERINARY MEDICINE BOARD[811]
VOLUNTEER SERVICE, IOWA COMMISSION ON[817]
VOTER REGISTRATION COMMISSION[821]
WORKFORCE DEVELOPMENT DEPARTMENT[871]
Labor Services Division[875]
Workers' Compensation Division[876]
Workforce Development Board and Workforce Development Center Administration Division[877]

ARC 0234C

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 163.1(1), 203.2 and 206.5(7), the Department of Agriculture and Land Stewardship hereby gives Notice of Intended Action to amend Chapter 45, “Pesticides,” and Chapter 90, “State Licensed Warehouses and Warehouse Operators,” Iowa Administrative Code.

The proposed amendments conform the rules to statutory changes made in 2012 Iowa Acts, Senate File 2311, by eliminating the one-year license for pesticide application and the corresponding fee. The amendments also change the timing for providing evidence of replacement insurance and add conditions a warehouse must meet in order to forward stored grain to another warehouse located outside of Iowa.

Any interested persons may make written suggestions or comments on the proposed amendments on or before August 14, 2012. Written comments should be addressed to Margaret Thomson, Iowa Department of Agriculture and Land Stewardship, Wallace State Office Building, 502 East Ninth Street, Des Moines, Iowa 50319. Comments may be submitted by fax to (515)281-6236 or by e-mail to Margaret.Thomson@IowaAgriculture.gov.

These proposed amendments are subject to the Department’s general waiver provisions.

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

These amendments are intended to implement 2012 Iowa Acts, Senate File 2311, sections 85 to 98 (division XII), sections 99 to 117 (division XIII), sections 118 and 119 (division XIV), sections 120 to 125 (division XV), sections 126 to 129 (division XVI), and sections 130 to 136 (division XVII).

The following amendments are proposed.

ITEM 1. Amend subrule 45.3(6) as follows:

45.3(6) Registration renewal grace period. The registration period shall be January 1 through December 31 of each year. However, a registrant shall be granted a grace period of three months ending on the ~~first~~ last day of March of each year for registration renewal. A registrant shall be assessed a late fee equaling 25 percent of the registration fees due by the registrant ~~delivering an application~~ for a registration renewal received on or after the first day of March ~~April~~ of each year. Application for registration renewal shall be made on forms prescribed by the secretary and certified by the registrant.

ITEM 2. Amend rule 21—45.4(206) as follows:

21—45.4(206) Registration of products. ~~Two~~ One exact ~~copies~~ copy of the labeling of each proposed product shall be submitted with the application. Also, there shall be submitted an ingredient statement, which shall comply with the provisions of 21—45.13(206) herein, the proposed directions for use of the product, and a list of the specific pests, ~~for control of which it is~~ that the product to be sold is intended to control, if such information is not contained in the labeling. Other pertinent information concerning ~~the~~ ingredients and physical properties of the product shall also be included on request by the secretary.

ITEM 3. Amend paragraphs **45.22(2)“a”** and **“b”** as follows:

a. Initial certification. To be initially certified as a commercial, noncommercial or public applicator, a person shall demonstrate a fundamental knowledge of the minimum state and federal standards of competency for commercial applicators by passing an examination administered by the department. The examination ~~shall~~ may cover subjects relating to the safe handling, application and storage of pesticides, the correct calibration of equipment used for the application of pesticides, and the effects of pesticides upon groundwater. The examination ~~shall~~ may also cover subjects related to the

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21](cont'd)

minimum standards of competency for commercial applicators outlined in 40 CFR 171.4(b) and (c) as revised July 1, 1992.

b. A person who employs noncommercial applicators shall apply for a noncommercial applicator's license; and all noncommercial applicators shall be certified by successfully completing the appropriate examinations for the type of restricted use pesticide applications being made and shall be required to pay the certification fee of ~~\$30 for a one-year certification~~ or \$75 for a three-year certification for each employee certified. Noncommercial applicators shall be subject to the \$25 annual license fee. The provisions of Iowa Code section 206.13 relating to licenses and requirements for their insurance shall not apply to a noncommercial applicator, providing that the noncommercial applicator:

(1) and (2) No change.

ITEM 4. Amend paragraph **45.22(4)“b”** as follows:

b. Each commercial, noncommercial and public applicator's certification shall expire December 31 ~~of the first year for those applicators applying for a one-year certification, and December 31~~ of the third year ~~for those applicators applying for a~~ of the three-year certification and shall be renewed by the department upon receipt of evidence that the applicator has paid the required certification fee and has completed an instructional course consisting of either an examination or continuing instructional courses as prescribed by the department. A commercial, noncommercial or public applicator shall pass an examination each third year following initial certification or may elect to attend two hours of approved continuing instructional courses each year during the renewal period. A commercial, noncommercial or public applicator seeking recertification by attending continuing instructional courses shall attend courses approved for each certification category in which a the person is seeking recertification. A two-hour continuing instructional course may be approved for more than one certification category. A commercial, noncommercial or public applicator failing to complete the required two hours of approved instruction for each year during the renewal period shall be required to pass an examination prior to recertification. ~~A 30-day grace period from the date of expiration will be allowed for the renewal of commercial, noneommercial and public applicator's certification.~~

ITEM 5. Amend paragraph **45.22(15)“c”** as follows:

c. A certified handler's certification shall expire December 31 of the ~~first year for those operators applying for a one-year certification and December 31~~ of the third year ~~for those operators applying for a~~ of the three-year certification and shall be renewed by the secretary upon receipt of evidence that the applicator has passed a written examination similar and equal to that required to obtain initial certification and has paid the required certification fee. ~~A 30-day grace period from the date of expiration will be allowed for the renewal of the certified handler's certification, and a 21-day grace period from the day of initial employment shall be allowed to meet the certification requirements.~~

ITEM 6. Amend subrule 45.22(16) as follows:

45.22(16) Transition to recertification by instruction. Recertification may be accomplished by ~~successfully completing~~ successful completion of the required written examination every third year or ~~completing completion of~~ an approved two-hour instructional course each year of the renewal period.

a. Private applicator recertification. ~~A private applicator with a certification expiration date prior to December 31, 1996, may apply for recertification by providing evidence of completion of an approved instructional course during the third year of the renewal period. A private applicator whose certification expires December 31, 1996, or any year thereafter, may apply for recertification by providing evidence of completion of an approved two-hour instructional course for each year during the preceding three-year renewal period. A private applicator failing to meet the required annual two-hour instruction requirement for recertification during the three-year certification renewal period shall apply for recertification by providing evidence of satisfactorily completing an examination. Applications for recertification shall be submitted with a \$15 certification fee. A private applicator whose certification has expired who applies pesticides following the 30-day grace period provided in Iowa Code section 206.5(8) shall have completed the certification instruction or testing requirement and submitted the required certification fee prior to applying a restricted use pesticide.~~

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21](cont'd)

b. Commercial, noncommercial, and public applicator recertification. ~~A commercial, noncommercial or public applicator whose certification expires December 31, 1993, may apply for recertification by providing evidence of completion of an approved instructional course during 1993. A commercial, noncommercial or public applicator whose certification expires December 31, 1994, may apply for recertification by providing evidence of completion of an approved two-hour instructional course in both 1993 and 1994. A commercial, noncommercial or public applicator whose certification expires December 31, 1995, or any year thereafter, may apply for recertification by providing evidence of completion of an approved two-hour instructional course in each of the three calendar years preceding the expiration date. Applications for recertification shall be submitted with the appropriate certification fee.~~

~~A commercial applicator whose certification has expired who applies pesticides following the 30-day grace period provided in Iowa Code section 206.5(8) shall have completed the certification instruction or testing requirement and submitted the required certification fee prior to applying any pesticide.~~

~~e. Programs held prior to April 15, 1994, for pesticide applicator training may be approved for two hours of continuing instruction.~~

ITEM 7. Adopt the following new definition of “United States Warehouse Act” in rule ~~21—90.2(203C)~~:

“*United States Warehouse Act*” means the United States Warehouse Act, 7 U.S.C. Ch. 10.

ITEM 8. Amend subrules 90.10(2) and 90.10(3) as follows:

90.10(2) Cancellation of insurance. When the department receives notice from an insurance company that the company ~~has canceled~~ is canceling the insurance of a licensed warehouse, the department ~~shall automatically suspend the warehouse operator license if the department does not receive replacement insurance within 75 days of receipt of the notice of cancellation~~ shall send written notice to the warehouse operator. The notice shall explain the department’s enforcement action that will result from the warehouse operator’s noncompliance. The department shall suspend the warehouse operator license if the department does not receive proof of replacement insurance by the insurance cancellation date. The department shall ~~cause~~ immediately conduct an inspection of the licensed warehouse ~~immediately at the end of the 75-day period~~ upon suspension of the license. If replacement insurance is not filed within 10 days following suspension, the department shall ~~automatically~~ revoke the warehouse operator license. When the department revokes a license, the department shall notify each holder of an outstanding warehouse receipt and all known persons who have grain retained in open storage of the revocation. The department shall further notify each receipt holder and all known persons who have grain retained in open storage that the grain must be removed from the warehouse not later than the thirtieth day following the revocation. The notice shall be sent by ordinary mail to the last-known address of each person having grain in storage.

90.10(3) Expiration of insurance. The department shall send the warehouse operator a reminder letter 30 days prior to the effective date of the expiration of the insurance of a licensed warehouse. The notice shall explain the department’s enforcement action that will result from the warehouse operator’s noncompliance. The department shall ~~automatically~~ suspend the warehouse operator license if replacement insurance is not received by the department ~~within 15 days before~~ by the expiration date. The department shall ~~immediately~~ cause conduct an inspection of the licensed warehouse ~~at the end of the 15-day period~~ upon suspension of the license. If the licensee does not file replacement insurance within 10 days following suspension, the department shall ~~automatically~~ revoke the warehouse operator license. When the department revokes a license, the department shall notify each holder of an outstanding warehouse receipt and all known persons who have grain retained in open storage that the license has been revoked. The department shall further notify each receipt holder and all persons who have grain retained in open storage that the grain must be removed from the warehouse not later than the thirtieth day following the revocation. The notice shall be sent by ordinary mail to the last-known address of each person having grain in storage.

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21](cont'd)

ITEM 9. Adopt the following **new** subrule 90.10(4):

90.10(4) *Insufficient insurance.* The department shall provide written notice to the warehouse operator when the department has evidence that the value of commodities in the warehouse is greater than the limit of liability of the insurance policy. The notice shall explain the department's enforcement action that will result from the warehouse operator's noncompliance. The department shall suspend the warehouse operator license if the department does not receive proof of sufficient insurance coverage within 30 days of the notice. The department shall immediately conduct an inspection of the licensed warehouse upon suspension of the license. If the warehouse operator does not provide proof of sufficient insurance coverage within 10 days of the license suspension, the department shall revoke the license. When the department revokes the license, the department shall notify each holder of an outstanding warehouse receipt and all known persons who have grain retained in open storage that the license has been revoked. The department shall further notify each receipt holder and all persons who have grain retained in open storage that the grain must be removed from the warehouse not later than the thirtieth day following the revocation. The notice shall be sent by ordinary mail to the last-known address of each person having grain in storage.

ITEM 10. Amend rule 21—90.21(203C), introductory paragraph, as follows:

21—90.21(203C) Grain stored in another warehouse. Upon approval of ~~by~~ the bureau, a warehouse operator may store grain in another licensed warehouse ~~located in the state of Iowa~~ accordance with Iowa Code section 203C.39 as amended by 2012 Iowa Acts, Senate File 2311, section 116.

ITEM 11. Renumber subrules **90.21(1)** to **90.21(6)** as **90.21(2)** to **90.21(7)**.

ITEM 12. Adopt the following **new** subrule 90.21(1):

90.21(1) *Decision criteria.* The department shall consider the following in deciding to approve or deny a warehouse operator's request to store grain in another licensed warehouse:

a. The other licensed warehouse is located in Iowa and is either licensed by the department pursuant to Iowa Code chapter 203C or licensed pursuant to the United States Warehouse Act.

b. The other licensed warehouse is located in another state and is licensed pursuant to the United States Warehouse Act.

c. The other licensed warehouse is located in another state and is licensed pursuant to that state's statutes and that state's warehouse license provides all of the following:

(1) Financial requirements and examination programs essentially equivalent to Iowa's;

(2) Insurance coverage equivalent to Iowa's; and

(3) Indemnification, surety bond coverage, letter of credit or other security satisfactory to the department.

ITEM 13. Amend renumbered subrule 90.21(4) as follows:

90.21(4) *Trust warehouse receipts.* A warehouse operator who stores grain in another warehouse shall obtain a nonnegotiable warehouse receipt for the grain stored. The receipt shall clearly show the following notation: "Held in Trust for the Depositors of (name of original receiving warehouse)". The warehouse receipt shall be on an official form as specified in 21—90.15(203C), ~~or on~~ an official United States Department of Agriculture authorized bonded warehouse receipt as provided for in the United States Warehouse Act or on an official form as specified in the regulations of the state in which the warehouse receipt is issued.

CIVIL REPARATIONS TRUST FUND

Pursuant to Iowa Administrative Code 361—subrule 12.2(1), the Executive Council gives Notice that the Civil Reparations Trust Fund balance as of June 30, 2012, is approximately \$4,461.00. Money in the Civil Reparations Trust Fund is available for use for indigent civil litigation programs or insurance assistance programs. Application forms are available in the office of the State Treasurer by contacting GeorgAnna Madsen, Executive Secretary, State Capitol Room 114, Des Moines, Iowa 50319; telephone

CIVIL REPARATIONS TRUST FUND(cont'd)

(515)281-5368. Applications must be filed on the thirtieth day after the date of publication of this Notice in the Iowa Administrative Bulletin, or on the thirtieth day after the date affixed to the Notice sent by first-class mail, whichever is later. Any person/company that would like to receive future notices should make request in writing to the above-mentioned contact. Rules regarding the Civil Reparations Trust Fund can be found at 361 IAC Chapter 12.

ARC 0236C**EDUCATIONAL EXAMINERS BOARD[282]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby gives Notice of Intended Action to amend Chapter 13, “Issuance of Teacher Licenses and Endorsements,” Iowa Administrative Code.

In 2010, new elementary endorsement requirements were adopted. Highly qualified teacher (HQT) language was not included from the old endorsement rule. Consequently, when the old rule sunsets on September 2, 2015, there will not be a mechanism to address out-of-state applicants who need to verify HQT status for licensure in Iowa. This amendment adds a provision to subrule 13.26(5) for applicants from non-Iowa institutions to verify their HQT status.

Any interested party or persons may present their views either orally or in writing at the public hearing that will be held Wednesday, August 15, 2012, at 1 p.m. in Room 3 Southwest, Third Floor, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa.

At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendment. Persons who wish to make oral presentations at the public hearing may contact the Executive Director, Board of Educational Examiners, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa 50319-0147, or at (515)281-5849, prior to the date of the public hearing.

Any person who intends to attend the public hearing and requires special accommodations for specific needs, such as a sign language interpreter, should contact the office of the Executive Director at (515)281-5849.

Any interested person may make written comments or suggestions on the proposed amendment before 4 p.m. on Friday, August 17, 2012. Written comments and suggestions should be addressed to Kim Cunningham, Board Secretary, Board of Educational Examiners, at the above address, or sent by e-mail to kim.cunningham@iowa.gov, or by fax to (515)281-7669.

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

This amendment is intended to implement Iowa Code chapter 272, the No Child Left Behind (NCLB) Act and the Individuals with Disabilities Education Act of 2004 (IDEA).

The following amendment is proposed.

Amend subrule 13.26(5) as follows:

13.26(5) Teacher—elementary classroom. Effective September 1, 2015, the following requirements apply to persons who wish to teach in the elementary classroom:

a. Authorization. The holder of this endorsement is authorized to teach in kindergarten and grades one through six.

b. Program requirements.

(1) Degree—baccalaureate, and

(2) Completion of an approved human relations component, and

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

(3) Completion of the professional education core. See subrules 13.18(3) and 13.18(4).

(4) Highly qualified teacher (HQT) status. Applicants from non-Iowa institutions who have completed the requirements for this endorsement must verify their HQT status. The board shall determine the test and the minimum passing score for HQT status. Verification must be provided through one of the following:

1. Written verification from the department of education in the state in which the applicant completed the elementary teacher preparation program that the applicant has achieved HQT status in that state; or

2. Written verification from the department of education in the state where the applicant is currently teaching that the applicant has achieved HQT status in that state; or

3. Submission of the official test score report indicating the applicant has met the qualifying score for licensure in the state in which the applicant completed the elementary teacher preparation program; or

4. Verification that the applicant has obtained the qualifying score set by the Iowa board of educational examiners if the applicant has not been teaching within the last five years and completion of a teacher preparation program prior to enactment in June 2006 of the federal highly qualified teacher provisions of the Individuals with Disabilities Education Act (IDEA). This option may also be utilized by applicants from outside the United States.

5. For applicants who have completed the requirements for one of the Iowa elementary endorsements, verification of HQT status by meeting the minimum score set by the Iowa board of educational examiners if the applicant has not been teaching within the last five years and completion of a teacher preparation program prior to enactment in June 2006 of the federal highly qualified teacher provisions of IDEA. This option may also be utilized by applicants who have been teaching outside the United States.

c. No change.

ARC 0235C

EDUCATIONAL EXAMINERS BOARD[282]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby gives Notice of Intended Action to amend Chapter 13, “Issuance of Teacher Licenses and Endorsements,” Iowa Administrative Code.

In recent years, districts have been moving algebra into the middle school. In order for middle schools to give ninth grade credit, middle school teachers are required to have an endorsement for ninth grade. Rather than requiring middle school teachers to add the 5-12 math endorsement, this amendment permits them to add a ninth grade endorsement in math, which allows middle school students to receive ninth grade credit.

Any interested party or persons may present their views either orally or in writing at the public hearing that will be held Wednesday, August 15, 2012, at 1 p.m. in Room 3 Southwest, Third Floor, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa.

At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendment. Persons who wish to make oral presentations at the public hearing may contact the Executive Director, Board of Educational Examiners, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa 50319-0147, or at (515)281-5849, prior to the date of the public hearing.

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

Any person who intends to attend the public hearing and requires special accommodations for specific needs, such as a sign language interpreter, should contact the office of the Executive Director at (515)281-5849.

Any interested person may make written comments or suggestions on the proposed amendment before 4 p.m. on Friday, August 17, 2012. Written comments and suggestions should be addressed to Kim Cunningham, Board Secretary, Board of Educational Examiners, at the above address, or sent by e-mail to kim.cunningham@iowa.gov, or by fax to (515)281-7669.

After analysis and review of this rule making, no adverse impact on jobs has been found. In fact, a positive impact on jobs could result by making it more efficient for teachers to obtain endorsements in Iowa.

This amendment is intended to implement Iowa Code chapter 272.

The following amendment is proposed.

Amend subrule 13.28(12) as follows:

13.28(12) Mathematics.

a. K-8. Completion of 24 semester hours in mathematics to include coursework in algebra, geometry, number theory, measurement, computer programming, and probability and statistics.

b. 5-12.

(1) to (3) No change.

c. Grade 9. For a grade 9 endorsement, hold either the K-8 mathematics or middle school mathematics endorsement and complete a college algebra or linear algebra class.

ARC 0229C

EDUCATIONAL EXAMINERS BOARD[282]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby gives Notice of Intended Action to amend Chapter 14, “Special Education Endorsements,” Iowa Administrative Code.

Recently there has been a change in terminology from “mental disabilities” to “intellectual disabilities.” In keeping with Department of Education usage and with 2012 Iowa Acts, Senate File 2247, these amendments change the term “mental disability” to “intellectual disability” in the special education rules.

Any interested party or persons may present their views either orally or in writing at the public hearing that will be held Wednesday, August 15, 2012, at 1 p.m. in Room 3 Southwest, Third Floor, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa.

At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendments. Persons who wish to make oral presentations at the public hearing may contact the Executive Director, Board of Educational Examiners, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa 50319-0147, or at (515)281-5849, prior to the date of the public hearing.

Any person who intends to attend the public hearing and requires special accommodations for specific needs, such as a sign language interpreter, should contact the office of the Executive Director at (515)281-5849.

Any interested person may make written comments or suggestions on the proposed amendments before 4 p.m. on Friday, August 17, 2012. Written comments and suggestions should be addressed to

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

Kim Cunningham, Board Secretary, Board of Educational Examiners, at the above address, or sent by e-mail to kim.cunningham@iowa.gov, or by fax to (515)281-7669.

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

These amendments are intended to implement Iowa Code chapter 272.

The following amendments are proposed.

ITEM 1. Amend subrule 14.2(4) as follows:

14.2(4) Instructional strategist II: ~~mental~~ intellectual disabilities. This endorsement authorizes instruction in programs serving students with ~~mental~~ intellectual disabilities from age 5 to age 21 (and to a maximum allowable age in accordance with Iowa Code section 256B.8). The applicant must present evidence of having completed the following program requirements.

a. No change.

b. *Characteristics of learners.* Preparation which includes various etiologies of ~~mental~~ intellectual disabilities, an overview of current trends in educational programming for students with ~~mental~~ intellectual disabilities, educational alternatives and related services, and the importance of the multidisciplinary team in providing more appropriate educational programming from age 5 to age 21. Preparation must also provide for an overview of the general developmental, academic, social, career and functional characteristics of individuals with ~~mental~~ intellectual disabilities as the characteristics relate to levels of instructional support required. This preparation must include the causes and theories of intellectual disabilities and implications and preventions; the psychological characteristics of students with ~~mental~~ intellectual and developmental disabilities, including cognition, perception, memory, and language development; medical complications and implications for student support needs, including seizure management, tube feeding, catheterization and CPR; and the medical aspects of intellectual disabilities and their implications for learning. The social-emotional aspects of ~~mental~~ intellectual disabilities, including adaptive behavior, social competence, social isolation and learned helplessness.

c. No change.

d. *Methods and strategies.* Methods and strategies which include numerous models for providing curricular and instructional methodologies utilized in the education of ~~mentally~~ intellectually disabled students, and sources of curriculum materials for individuals with disabilities. Curricula for the development of cognitive, academic, social, language and functional life skills for individuals with exceptional learning needs, and related instructional and remedial methods and techniques. The focus of these experiences is for students at all levels from age 5 to age 21. This preparation must include alternatives for teaching skills and strategies to individuals with disabilities who differ in degree and nature of disability, and the integration of appropriate age- and ability-level academic instruction. Proficiency in adapting age-appropriate curriculum to facilitate instruction within the general education setting, to include partial participation of students in tasks, skills facilitation, collaboration, and support from peers with and without disabilities; the ability to select and use augmentative and alternative communications methods and systems. An understanding of the impact of speech-language development on behavior and social interactions. Approaches to create positive learning environments for individuals with special needs and approaches to utilize assistive devices for individuals with special needs. The design and implementation of age-appropriate instruction based on the adaptive skills of students with ~~mental~~ intellectual disabilities; integrate selected related services into the instructional day of students with ~~mental~~ intellectual disabilities. Knowledge of culturally responsive functional life skills relevant to independence in the community, personal living, and employment. Use of appropriate physical management techniques including positioning, handling, lifting, relaxation, and range of motion and the use and maintenance of orthotic, prosthetic, and adaptive equipment effectively.

e. *Managing student behavior and social interaction skills.* Preparation in individual behavioral management, behavioral change strategies, and classroom management theories, methods, and techniques for individuals with exceptional learning needs. Theories of behavior problems in individuals with ~~mental~~ intellectual disabilities and the use of nonaversive techniques for the purpose of controlling targeted behavior and maintaining attention of individuals with disabilities. Design, implement, and

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

evaluate instructional programs that enhance an individual's social participation in family, school, and community activities.

f. No change.

g. Transitional collaboration. Sources of services, organizations, and networks for individuals with ~~mental~~ intellectual disabilities, including career, vocational and transitional support to postschool settings with maximum opportunities for decision making and full participation in the community.

h. No change.

ITEM 2. Amend subrule 14.2(6) as follows:

14.2(6) K-8 mildly disabled endorsement. This endorsement authorizes instruction to mildly disabled children who require special education program adaptations while assigned to a regular classroom for basic instructional purposes, or mildly disabled students placed in a special education class who receive part of their instruction in a regular classroom, or mildly disabled students requiring specially designed instruction while assigned to a regular classroom for basic instructional purposes. To fulfill the requirements for this endorsement, the applicant must:

a. Hold a regular education instruction endorsement at the elementary level. For the elementary level, this is the general elementary classroom endorsement.

b. Hold one of the following endorsements at the elementary level: learning disabilities, mild to moderate ~~mentally handicapped~~ intellectual disabilities, behavioral disorders, multicategorical resource room or multicategorical-special class with integration.

ITEM 3. Amend subrule 14.2(7) as follows:

14.2(7) 5-12 mildly disabled endorsement. This endorsement authorizes instruction to mildly disabled children who require special education program adaptations while assigned to a regular classroom for basic instructional purposes, or mildly disabled students placed in a special education class who receive part of their instruction in a regular classroom, or mildly disabled students requiring specially designed instruction while assigned to a regular classroom for basic instructional purposes. To fulfill the requirements for this endorsement, the applicant must:

a. Hold a regular education instruction endorsement at the secondary level (grades 5-12).

b. Hold one of the following endorsements at the secondary level: learning disabilities, mild to moderate ~~mentally handicapped~~ intellectual disabilities, behavioral disorders, multicategorical resource room or multicategorical-special class with integration.

NOTE: These endorsements are designed for programs serving primarily mildly disabled students; the sensory impaired are not included as "mildly disabled."

ARC 0233C

**HOMELAND SECURITY AND EMERGENCY
MANAGEMENT DIVISION[605]**

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 17A.3 and 29C.8, the Homeland Security and Emergency Management Division proposes to amend Chapter 7, "Local Emergency Management," Iowa Administrative Code.

The Homeland Security and Emergency Management Division proposes to amend subrule 7.3(1) to reflect changes made to 2011 Iowa Code Supplement section 29C.9 in 2012 Iowa Acts, Senate File 413, section 1. This proposed amendment clarifies local emergency management commission membership and voting requirements of the members.

HOMELAND SECURITY AND EMERGENCY MANAGEMENT DIVISION[605](cont'd)

Consideration will be given to all written suggestions or comments on the proposed amendment received on or before August 14, 2012. Such written materials should be sent to the Administrative Rules Coordinator, Iowa Homeland Security and Emergency Management Division, 7105 N.W. 70th Ave., Camp Dodge, Building W-4, Johnston, Iowa 50319; fax (515)725-3260.

Also, there will be a public hearing on August 16, 2012, at 10 a.m. in the Homeland Security and Emergency Management Division Conference Room, Building W-4, Camp Dodge, Johnston, Iowa, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendment.

Any persons who intend to attend the public hearing and have special requirements, such as hearing or mobility impairments, should contact the Homeland Security and Emergency Management Division and advise of specific needs.

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

This amendment is intended to implement 2011 Iowa Code Supplement section 29C.9 as amended by 2012 Iowa Acts, Senate File 413, section 1.

The following amendment is proposed.

Amend subrule 7.3(1) as follows:

7.3(1) The county board of supervisors, city councils, and sheriff in each county shall cooperate with the homeland security and emergency management division to establish a local emergency management commission to carry out the provisions of 2011 Iowa Code Supplement chapter 29C.

a. The local commission shall be named the (county name) county emergency management commission.

b. The commission shall be comprised of the following members:

(1) A member of the county board of supervisors ~~or its appointed representative.~~

(2) The county sheriff ~~or the sheriff's appointed representative.~~

(3) The mayor ~~or the mayor's appointed representative~~ from each city within the county.

c. The commission is a municipality as defined in Iowa Code section 670.1.

d. A commission member may designate an alternate to represent the designated entity. For any activity relating to 2011 Iowa Code Supplement section 29C.17, subsection 2, or Iowa Code chapter 24, participation shall only be by a commission member or a designated alternate that is an elected official for the same designated entity.

ARC 0231C

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

The proposed amendments add a new provider type to the Medicaid program. The purpose of the new provider type will be to enroll public health agencies that provide immunizations and testing for communicable disease.

Increasingly, public health agencies are terminating their Medicaid enrollment as home health agencies (HHAs). While HHAs can bill Medicaid for immunizations, many of these public health

HUMAN SERVICES DEPARTMENT[441](cont'd)

agencies do not qualify to enroll in Medicaid as another provider type which has services including immunizations and testing for communicable disease as covered services. These amendments will allow public health agencies to continue to provide services and bill Medicaid when the agencies are no longer eligible to provide home health services.

Any interested person may make written comments on the proposed amendments on or before August 14, 2012. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waivers in specified situations because they confer a benefit on public health agencies that provide immunizations and testing for communicable disease. Requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 249A.4.

The following amendments are proposed.

ITEM 1. Adopt the following **new** rule 441—77.42(249A):

441—77.42(249A) Public health agencies. Public health agencies are eligible to participate in the medical assistance program when they comply with the standards for designated local public health agencies pursuant to Iowa Code sections 135A.2(8) and 135A.6.

This rule is intended to implement Iowa Code section 249A.4.

ITEM 2. Adopt the following **new** rule 441—78.48(249A):

441—78.48(249A) Public health agencies. Payments will be made to public health agencies on a fee schedule basis for providing vaccine and vaccine administration and testing for communicable disease. In order to be paid for the administration of a vaccine covered under the Vaccines for Children (VFC) program, a public health agency must enroll in the VFC program. Payment for the vaccine will be approved only if the VFC program stock has been depleted.

This rule is intended to implement Iowa Code section 249A.4.

ITEM 3. Amend subrule **79.1(2)** by adopting the following **new** provider category in alphabetical order:

<u>Provider category</u>	<u>Basis of reimbursement</u>	<u>Upper limit</u>
Public health agencies	Fee schedule	Fee schedule rate.

ITEM 4. Adopt the following **new** subparagraph **79.3(2)“d”(41)**:

(41) Services of public health agencies:

1. Service or office notes or narratives.
2. Immunization records.
3. Results of communicable disease testing.

ARC 0225C**NATURAL RESOURCE COMMISSION[571]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 455A.5(6), the Natural Resource Commission hereby gives Notice of Intended Action to amend Chapter 63, “Keg Beer Rules,” Iowa Administrative Code.

The proposed amendments:

1. Change Iowa Code chapter references from “111” to “461A” throughout the chapter.
2. Update the Iowa Administrative Code cross reference in the applicability rule for state forest camping areas.
3. Rescind the existing definition of “beach” and adopt a new definition of “beach” to be the same definition used in 571—Chapter 64.
4. Establish a definition for “department” to mean the Department of Natural Resources.
5. Establish a definition for “rental facility” to include lodges and open shelters with kitchenettes.
6. Rescind the definition of “kegger.”
7. Change the references to “department of natural resources officer” to “department personnel” to better reflect the current staffing structure in state parks and recreation areas.
8. Update the keg deposit requirement for rental facilities that charge both a rental fee and a damage deposit. The keg deposit will be waived in lieu of the rental facility damage deposit if the damage deposit amount is equal to or greater than the required keg deposit.
9. Strike the deposit amounts identified in the deposit disposition rule as the actual deposit required may not be the amounts listed and strike the reference to a \$1,000 deposit and replace it with “keg deposit.”
10. Update the responsibility agreement by striking the words “born on or before September 2, 1967,” and update the year “numbering.”

Any interested person may make written suggestions or comments on the proposed amendments on or before August 14, 2012. Such written materials should be directed to Sherry Arntzen, State Parks Bureau, Department of Natural Resources, 502 East Ninth Street, Des Moines, Iowa 50319-0034; fax (515)281-6794. Persons who wish to convey their views orally should contact Sherry Arntzen at (515)242-6233 or at the State Parks Bureau offices on the fourth floor of the Wallace State Office Building in Des Moines, Iowa.

There will be a public hearing on August 14, 2012, at 2 p.m. in the Fourth Floor West Conference Room of the Wallace State Office Building in Des Moines, Iowa, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subjects of the amendments.

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

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

These amendments are intended to implement Iowa Code sections 455A.5(6), 461A.35, and 461A.47.

The following amendments are proposed.

NATURAL RESOURCE COMMISSION[571](cont'd)

ITEM 1. Strike “(111,123)” wherever it appears in rules **571—63.1(111,123)** to **571—63.7(111,123)** and insert “(461A,123)” in lieu thereof.

ITEM 2. Amend rule 571—63.2(461A,123) as follows:

571—63.2(461A,123) Applicability. This chapter is applicable to all state parks and recreation areas managed by the parks, recreation, and preserves division of the department of natural resources and to the state forests containing designated campground areas listed in ~~571—62.1(461A)~~ 571—61.1(461A).

ITEM 3. Rescind the definition of “Beach” in rule **571—63.3(461A,123)** and adopt the following **new** definition in lieu thereof:

“Beach” or “beach area” is as defined in rule 571—64.1(461A).

ITEM 4. Adopt the following **new** definitions of “Department” and “Rental facility” in rule **571—63.3(461A,123)**:

“Department” means the department of natural resources.

“Rental facility” means a lodge or open shelter with kitchenette as defined in rule 571—61.2(461A).

ITEM 5. Rescind the definition of “Kegger” in rule **571—63.3(461A,123)**.

ITEM 6. Amend rule 571—63.4(461A,123) as follows:

571—63.4(461A,123) Prohibited areas. ~~Keggers~~ Gatherings at which keg beer is served shall not be conducted in beach areas, in campgrounds, or in parking areas or in areas immediately adjacent to those areas.

ITEM 7. Amend rule 571—63.5(461A,123) as follows:

571—63.5(461A,123) Procedure. Any person wishing to ~~conduct a kegger~~ hold a gathering with keg beer in any area to which this chapter applies shall notify ~~the department of natural resources officer~~ personnel in charge of the area in advance and comply with the following procedure:

63.5(1) A designated agent shall be named who shall sign a responsibility agreement. The content of the responsibility agreement shall be as stated in 571—63.7(461A,123).

63.5(2) The designated agent shall be available for personal contact by department of natural resources personnel at all times during the ~~kegger gathering with keg beer~~.

63.5(3) The agent shall pay a deposit of \$100 per 100 or fewer persons ~~or portion thereof~~ at the ~~kegger, to~~ gathering with keg beer. The deposit shall be held by the department of natural resources ~~officer~~ Department personnel in charge of the area as a damage deposit. ~~The department of natural resources officer~~ Department personnel in charge of the area may designate the area in which the ~~kegger gathering with keg beer~~ is to be conducted. ~~If the kegger takes place in an enclosed shelter for which a rental fee and deposit is charged, the \$100 shall be waived in lieu of the usual deposit for that facility. If the gathering with keg beer takes place in a rental facility that requires a rental fee and damage deposit, the keg deposit shall be waived in lieu of the rental facility damage deposit if the rental facility damage deposit is equal to or greater than the keg deposit.~~

63.5(4) The agent shall assume responsibility to ensure that all state laws are complied with in the conduct of persons attending the ~~kegger gathering with keg beer~~, and that the area used for the ~~kegger gathering~~ is left in a clean, uncluttered condition, and that no state property is damaged beyond the extent of normal wear and tear.

63.5(5) Conducting or continuation of the ~~kegger gathering with keg beer~~ shall be contingent on whether the persons involved are complying with all applicable state laws including but not limited to Iowa Code section 123.47; and chapter 461A; and the rules promulgated under those chapters sections and ~~as long as on whether~~ the activity does not interfere with other uses of area facilities.

63.5(6) The agent shall inform ~~the department of natural resources officer~~ personnel in charge of the area when the ~~kegger gathering with keg beer~~ is concluded and attendees have left the area.

NATURAL RESOURCE COMMISSION[571](cont'd)

ITEM 8. Amend rule 571—63.6(461A,123) as follows:

571—63.6(461A,123) Deposit disposition.

63.6(1) The \$100 deposit required by 63.5(3) shall be refunded within three days in full or on a prorated basis computed according to 63.6(2) depending on the condition in which the site is left after the ~~kegger gathering with keg beer~~ is held.

63.6(2) If it is necessary for department of natural resources personnel to clean up the area or repair any damage beyond ordinary wear and tear, a log of the time spent in such cleanup or repair shall be kept. The damage deposit refund shall be reduced by an amount equivalent to the applicable hourly wage of the employees for the time necessary to clean the area or repair the damage.

63.6(3) The \$1000 keg deposit is not to be construed as a limit of liability for damage to state property. The department of natural resources may take any legal action necessary to recover additional damage damages.

ITEM 9. Amend rule 571—63.7(461A,123) as follows:

571—63.7(461A,123) Responsibility agreement. The agreement required by 63.5(1) shall contain the following information:

RESPONSIBILITY AGREEMENT

I/We, the undersigned, being of 21 years of age or older, ~~or born before September 2, 1967~~, and desiring to entertain ourselves and others at:

Area: _____

Date: _____

agree to leave the site used in the same condition as found, agree to clean up what debris and litter may be deposited during our stay, within the time period agreed to, agree to be responsible for any damages done to property within the area by ourselves or our guests, agree to ensure compliance with Iowa law respecting the possession of beer by underage persons, agree not to interfere with other use of park facilities, and, finally, agree to abide by all rules and regulations and all laws of this state.

Dated this _____ day of _____, 19 2_____.

Signature of Group Leaders (agents):

Identification Information:

Agents
(Name & Address)

Phone No. Driver's
 License No. Vehicle
 License

ARC 0214C**NURSING BOARD[655]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 17A.3 and 147.76, the Board of Nursing hereby gives Notice of Intended Action to amend Chapter 3, “Licensure to Practice—Registered Nurse/Licensed Practical Nurse,” Iowa Administrative Code.

The proposed amendment adds a testing option to verify English skills of an individual educated and licensed in another country.

Any interested person may make written comments or suggestions on or before August 14, 2012. Such written materials should be directed to the Executive Director, Iowa Board of Nursing, RiverPoint Business Park, 400 S.W. 8th Street, Suite B, Des Moines, Iowa 50309-4685. Persons who wish to convey their views orally should contact the Executive Director at (515)281-3256, or in the Board office at 400 S.W. 8th Street, by appointment.

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

This amendment is intended to implement Iowa Code chapters 147, 152, 152E and 272C.

The following amendment is proposed.

Amend subrule 3.4(4) as follows:

3.4(4) Application—individuals educated and licensed in another country.

a. The board shall:

- (1) Provide information about licensure application to applicants and others upon request.
- (2) Determine eligibility of each applicant upon receipt of:
 1. to 7. No change.

8. Verification of ability to read, write, speak and understand the English language as determined by the results of the ~~Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS), Pearson Test of English (PTE) Academic, or Test of English as a Foreign Language (TOEFL)~~ for licensed practical nurse and registered nurse applicants. Applicants shall be exempt from the ~~TOEFL or IELTS, PTE Academic or TOEFL~~ examination when the native language is English; nursing education was completed in a college, university or professional school located in Australia, Canada (except Quebec), Ireland, New Zealand or the United Kingdom; language of instruction in the nursing program was English; and language of the textbooks in the nursing program was English.

b. The applicant shall:

- (1) to (6) No change.
- (7) Complete ~~TOEFL or IELTS, PTE Academic or TOEFL~~ requirements for licensed practical nurse and registered nurse applicants.
- (8) to (11) No change.

ARC 0221C

PROFESSIONAL LICENSURE DIVISION[645]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 152B.6, the Board of Respiratory Care hereby gives Notice of Intended Action to amend Chapter 262, “Continuing Education for Respiratory Care Practitioners,” and Chapter 265, “Practice of Respiratory Care Practitioners,” Iowa Administrative Code.

The amendments in Item 1 add certifications to the list that can be used toward meeting the continuing education requirements for renewal of a respiratory therapy license.

Currently, Iowa Code section 152B.2 allows unlicensed personnel to deliver, assemble, set up, test, or demonstrate respiratory care equipment in the home upon the order of a licensed physician. Demonstration does not include the actual teaching, administration, or performance of respiratory care procedures. The amendment in Item 2 clarifies what is considered respiratory care when personnel engage in the setup, delivery, testing, or demonstration of respiratory therapy equipment.

Any interested person may make written comments on the proposed amendments no later than August 14, 2012, addressed to Tony Alden, Professional Licensure Division, Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075; e-mail tony.alden@idph.iowa.gov.

A public hearing will be held on August 14, 2012, from 9 to 9:30 a.m. in the Fifth Floor Conference Room 526, Lucas State Office Building, Des Moines, Iowa, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendments.

After analysis and review of this rule making, a positive impact on jobs could exist.

These amendments are intended to implement Iowa Code sections 147.10, 272C.2, and 152B.6.

The following amendments are proposed.

ITEM 1. Amend subparagraph **262.3(2)“e”(2)** as follows:

(2) The following are approved for continuing education credit on a one-time basis per biennium and require a certificate of attendance or verification:

CERTIFICATIONS :

Advanced Cardiac Life Support	up to 12 hours
Basic Cardiac Life Support—Instructor	up to 8 hours
Basic Cardiac Life Support	up to 6 hours
Neonatal Resuscitation	up to 9 hours
Pediatric Advanced Life Support	up to 14 hours
Mandatory Reporting	up to 4 hours
<u>Certified Pulmonary Function Technologist</u>	<u>up to 8 hours</u>
<u>Registered Pulmonary Function Technologist</u>	<u>up to 12 hours</u>
<u>Neonatal Pediatric Specialist</u>	<u>up to 12 hours</u>
<u>Sleep Disorders Specialist</u>	<u>up to 12 hours</u>
<u>Adult Critical Care Specialist</u>	<u>up to 12 hours</u>

PROFESSIONAL LICENSURE DIVISION[645](cont'd)

RECERTIFICATIONS :

Advanced Cardiac Life Support	up to 4 hours
Basic Cardiac Life Support	up to 2 hours
Neonatal Resuscitation	up to 3 hours
Pediatric Advanced Life Support	up to 3 hours
<u>Registered Respiratory Therapist</u>	<u>up to 24 hours</u>
<u>Certified Pulmonary Function Technologist</u>	<u>up to 8 hours</u>
<u>Registered Pulmonary Function Technologist</u>	<u>up to 12 hours</u>
<u>Neonatal Pediatric Specialist</u>	<u>up to 12 hours</u>
<u>Sleep Disorders Specialist</u>	<u>up to 12 hours</u>
<u>Adult Critical Care Specialist</u>	<u>up to 12 hours</u>
<u>Certified Respiratory Therapist</u>	<u>up to 24 hours</u>

ITEM 2. Adopt the following **new** rule 645—265.4(152B,272C):

645—265.4(152B,272C) Setup and delivery of respiratory care equipment.

265.4(1) Unlicensed personnel may deliver, set up, and test the operation of respiratory care equipment for a patient but may not perform any type of patient care. Instruction or demonstration of the equipment shall be limited to its mechanical operation (on and off switches, emergency button, cleaning, maintenance). Any instruction or demonstration to the patient regarding the clinical use of the equipment, the fitting of any device to the patient or making any adjustment, or any patient monitoring, patient assessment, or other procedures designed to evaluate the effectiveness of the treatment must be performed by a licensed respiratory therapist or other licensed health care provider allowed by Iowa law.

265.4(2) Respiratory care equipment includes but is not limited to:

- a. Positive airway pressure (continuous positive airway pressure and bi-level positive airway pressure) devices and supplies;
- b. Airway clearance devices;
- c. Invasive and noninvasive mechanical ventilation devices and supplies;
- d. Nasotracheal and tracheal suctioning devices and supplies;
- e. Apnea monitors and alarms and supplies;
- f. Tracheostomy care devices and supplies;
- g. Respiratory diagnostic testing devices and supplies, including but not limited to pulse oximetry, CO₂ monitoring, and spirometry devices and supplies; and
- h. Pulse-dose or demand-type oxygen conserving devices or any oxygen delivery systems beyond the capabilities of a simple mask or cannula or requiring particulate or molecular therapy in conjunction with oxygen.

ARC 0228C**PROFESSIONAL LICENSURE DIVISION[645]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76, the Board of Sign Language Interpreters and Transliterators hereby gives Notice of Intended Action to amend Chapter 361, “Licensure of Sign Language Interpreters and Transliterators,” Iowa Administrative Code.

The proposed amendment rescinds paragraph 361.2(1)“d” and adopts a new paragraph 361.2(1)“d.” The amendment corrects the names of currently accepted examinations and adds new examinations that the Board will accept for licensure.

Any interested person may make written comments on the proposed amendment no later than August 14, 2012, addressed to Pierce Wilson, Professional Licensure Division, Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075; e-mail pwilson@idph.state.ia.us.

A public hearing will be held on August 14, 2012, from 9 to 9:30 a.m. in the Fifth Floor Board Conference Room, Lucas State Office Building, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendment.

After analysis and review of this rule making, there should be a positive impact on jobs. This amendment updates and adds to the list of acceptable examinations, thereby providing more opportunity for individuals to be licensed to practice in the state of Iowa.

This amendment is intended to implement Iowa Code chapters 21, 147, 154E and 272C.

The following amendment is proposed.

Rescind paragraph **361.2(1)“d”** and adopt the following **new** paragraph in lieu thereof:

d. No application will be considered by the board until the applicant successfully meets one of the following requirements:

(1) Passes the National Association of the Deaf/Registry of Interpreters for the Deaf (NAD/RID) National Interpreter Certification (NIC) examination after November 30, 2011; or

(2) Passes one of the following examinations administered by the Registry of Interpreters for the Deaf (RID):

1. Oral Transliteration Certificate (OTC); or

2. Certified Deaf Interpreter (CDI); or

(3) Passes the Educational Interpreter Performance Assessment (EIPA) with a score of 3.5 or above after December 31, 1999; or

(4) Passes the Cued Language Transliterators National Certification Examination (CLTNCE) administered by The National Certifying Body for Cued Language Transliterators; or

(5) Currently holds one of the following NAD/RID certifications awarded through November 30, 2011, by the National Council on Interpreting (NCI):

1. National Interpreter Certification (NIC); or

2. National Interpreter Certification Advanced (NIC Advanced); or

3. National Interpreter Certification Master (NIC Master); or

(6) Currently holds one of the following certifications previously awarded by the RID:

1. Certificate of Interpretation (CI); or

2. Certificate of Transliteration (CT); or

3. Certificate of Interpretation and Certificate of Transliteration (CI and CT); or

4. Interpretation Certificate/Transliteration Certificate (IC/TC); or

PROFESSIONAL LICENSURE DIVISION[645](cont'd)

5. Comprehensive Skills Certificate (CSC); or
- (7) Currently holds one of the following certifications previously awarded by the National Association of the Deaf (NAD):
 1. NAD III (Generalist); or
 2. NAD IV (Advanced); or
 3. NAD V (Master).

ARC 0226C

PUBLIC HEALTH DEPARTMENT[641]**Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 135.11, the Department of Public Health hereby gives Notice of Intended Action to amend Chapter 76, “Maternal and Child Health Program,” Iowa Administrative Code.

The proposed amendments update references; add a heading for the Maternal and Child Health Advisory Council while incorporating the Council’s current bylaws into the rules; and clarify services provided through the maternal and child health programs.

These proposed amendments have been reviewed by the Maternal and Child Health Advisory Council and select individuals within the field and are posted on the Department’s Web site.

Following is a summary of the major changes from the existing chapter:

Item 8 adds “building relationships with community partners including health care providers and human service leaders to improve the health care system for women and children” to the list of infrastructure building services provided by contract agencies.

Item 10 adds “oral health survey” to the list of population-based services provided by contract agencies.

Items 11 and 12 add “referral,” “assistance in establishing a medical and dental home,” and “presumptive eligibility” to the list of enabling services provided by contract agencies.

Item 13 removes “informing,” “care/service coordination,” “health education,” “assistance in establishing a medical and dental home or usual source of care,” and “referral” services from the list of child health services while at the same time adding to the list “immunizations,” “blood lead testing and analysis,” “developmental testing,” “home visit provided by a nurse or social worker,” “interpretation services” and “transportation services.” Item 13 also removes “care/service coordination” from the list of maternal health services while at the same time adding “home visit provided by a nurse or social worker,” “interpretation services” and “transportation services.” Finally, Item 13 adds “prophylaxis” and “radiographs” to the list of dental health services.

Item 14 renames the “Prenatal program” as the “Maternal health program” and changes “CHSC” to “CYSHCN program.”

Item 17 adds a Presumptive Eligibility Health Care Coverage for Children Application form to the forms that may be used to apply for direct health services.

Item 22 clarifies how a tie would be reviewed during a competitive process.

Item 25 clarifies rules for using program income related to MCH programs.

Item 30 incorporates the Maternal and Child Health Advisory Council’s current bylaws into the rules.

Any interested person may make written suggestions or comments on these amendments on or before August 14, 2012. Written materials should be directed to Andrea Kappelman, Department of Public Health, 321 E. 12th Street, Des Moines, Iowa 50319-0075; fax (515)242-6013; e-mail andrea.kappelman@idph.iowa.gov.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

Also, a public hearing will be held on Tuesday, August 14, 2012, from 9 to 11 a.m. on GoToMeeting. Interested persons may join the meeting by computer by accessing the following Web site: <https://www1.gotomeeting.com/register/265192552>. The use of microphone and speakers (VoIP) or a headset is recommended. Interested persons may also join the meeting by telephone in the United States and Canada, toll-free, at 1-877-568-4108; the access code is 803-892-592, and an audio PIN will be shown after the person joins the meeting. Persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendments.

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing impairments, should contact the Department of Public Health and advise staff of specific needs.

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

These amendments are intended to implement Iowa Code subsection 135.11(17) and section 135.39.

The following amendments are proposed.

ITEM 1. Amend rule 641—76.1(135) as follows:

641—76.1(135) Program explanation overview. The maternal and child health (MCH) programs are operated by the Iowa department of public health as the designated state agency pursuant to an agreement with the federal government. The majority of the funding available is from the Title V, MCH services block grant, administered by the Health Resources and Services Administration (HRSA) within the United States Department of Health and Human Services (DHHS).

76.1(1) Purpose. The purpose of the program is to promote the health of mothers, ~~and~~ children, and youth by ensuring or providing access to quality maternal and child health care services (especially for low-income families or families with limited availability of health care services); to reduce infant mortality and the incidence of preventable diseases and handicapping conditions; to increase the number of children appropriately immunized against disease; and to facilitate the development of community-based systems of health care for children, youth and their families. The program provides and promotes family-centered, community-based coordinated care, including care/service coordination for children and youth with special health care needs.

76.1(2) Services.

a. The department's ~~family services~~ bureau of family health (BFH) enters into contracts with selected private nonprofit or public agencies for the assurance of access to prenatal and postpartum care for women, preventive and primary child health care services, and services to children and youth with special health care needs. The types of services provided by these contracts are infrastructure building, population-based services, enabling services, and direct health care services.

b. The department's ~~dental health~~ bureau of oral and health delivery systems (OHDS) collaborates with the ~~family services bureau~~ BFH to develop oral health programs to reduce barriers to oral health care and reduce dental disease through prevention.

c. The children and youth with special health care needs program is administered by the Child Health Specialty Clinics (CHSC); at the University of Iowa. The department contracts with the University of Iowa department of pediatrics' ~~Child Health Specialty Clinics~~ CHSC to provide services to for children and youth with special health care needs, including infrastructure building, direct clinical care, care coordination and family support. In accordance with the ~~Maternal and Child Health Services MCH Title V Block Grant Program administered by the U.S. Department of Health and Human Services DHHS, Health Resources and Services Administration Maternal and Child Health Bureau, HRSA, and MCHB,~~ the CHSC shall ensure that public health funds will be used to cover the cost of services only after all other sources of reimbursement have been exhausted.

76.1(3) MCH advisory council. The MCH advisory council assists in ~~the development of developing~~ the state plan for MCH, including children with special health care needs and family planning. The advisory council assists with ~~assessment of~~ assessing need, ~~prioritization of~~ prioritizing services, ~~establishment of~~ establishing objectives, and ~~encouragement of~~ encouraging public support for MCH and family planning programs. In addition, the advisory council advises the director regarding

PUBLIC HEALTH DEPARTMENT[641](cont'd)

health and nutrition services for women and children, supports the development of special projects and conferences and advocates for health and nutrition services for women and children. ~~The director appoints the council membership. Membership shall include parents of and service providers for children with special health care needs. The council membership shall also include the chairs, or designees, of the department's advisory committee for perinatal guidelines, and the birth defects advisory committee to ensure coordination of their respective issues and priorities. The chair of the family services bureau grantee committee or the designee of the chair may serve as an ex officio member of the council.~~

ITEM 2. Amend rule 641—76.2(135) as follows:

641—76.2(135) Adoption by reference. Federal requirements contained in the Omnibus Reconciliation Act of 1989 (Public Law 101-239), Title V; MCH services block grant shall be the rules governing the Iowa MCH program and are incorporated by reference herein.

~~The department finds that certain rules should be exempted from notice and public participation as being a very narrowly tailored category of rules for which notice and public participation are unnecessary as provided in Iowa Code section 17A.4(2). Such rules shall be those that are mandated by federal law governing the Iowa MCH program where the department has no option but to adopt such rules as specified and where federal funding for the MCH programs is contingent upon the adoption of the rules.~~

Copies of the federal legislation adopted by reference are available from Chief, ~~Family Services Bureau of Family Health~~, Iowa Department of Public Health, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319-0075.

ITEM 3. Amend rule 641—76.3(135) as follows:

641—76.3(135) Rule coverage. These rules cover agencies contracting with the department to provide community-based MCH public health care services and to receive funds from the department for that purpose. The contract agencies conduct essential public health care services directed toward ~~the maternal and child health~~ MCH populations consistent with the state's Title V MCH services block grant state plan. The state plan is developed and administered collaboratively by ~~the family services bureau~~ BFH and OHDS of the department and CHSC.

ITEM 4. Rescind the definitions of “HCFA,” “MCH services,” “Nutrition screening,” “Performance standards” and “Pharmacist” in rule **641—76.4(135)**.

ITEM 5. Adopt the following new definitions in rule **641—76.4(135)**:

“*BFH*” means the bureau of family health.

“*Chairperson*” means the chairperson of the MCH advisory council, who has been elected by the majority of the council's members.

“*Council*” or “*MCH advisory council*” means the maternal and child health advisory council.

“*HRSA*” means the Health Resources and Services Administration with the United States Department of Health and Human Services.

“*I-Smile™ program*” means the department program implemented through public and private nonprofit agencies and private health care providers to increase access to dental care for children and to ensure a dental home.

“*MIECHV*” means the Maternal, Infant and Early Childhood Home Visiting program.

“*Nutrition counseling*” means therapeutic nutrition services appropriate to the needs of the client, provided by a licensed dietitian.

“*OHDS*” means the bureau of oral and health delivery systems.

“*Presumptive eligibility determination*” means temporary Medicaid eligibility that pays for medical services while a formal Medicaid decision is being made by the Iowa department of human services. For pregnant women, presumptive eligibility determination is based only on a woman's statement regarding her family income. A qualified provider can presume that the pregnant women who are Iowa residents will be eligible for Medicaid. Qualified providers can grant Medicaid coverage to these women to pay for

PUBLIC HEALTH DEPARTMENT[641](cont'd)

the cost of ambulatory prenatal care. Presumptive Medicaid eligibility begins with the date the qualified provider determines the woman is eligible and continues through the last day of the next month.

ITEM 6. Amend the following definitions in rule **641—76.4(135)**:

~~“Care/service coordination” or “care coordination” means a process of linking the service system to the recipient and organizing the various elements in order to achieve a successful outcome. The terms “care coordination” and “service coordination” may be used interchangeably. comprehensive, family-centered approach that proactively engages and links clients and families to needed health care services, including medical, dental, emotional, behavioral, and health education services. Care coordination encompasses a specific set of activities that promote a client’s potential for optimal health and facilitate quality outcomes. By working with the client, family, and other involved disciplines, a care coordinator can promote seamless access and a holistic approach to service provision. Care coordination incorporates the following:~~

1. Meaningful assessment of needs and concerns.
2. Shared development of care plans.
3. Mobilization of agency and community resources.
4. Continued monitoring and follow-up.
5. Clear and transparent communication.
6. Complete documentation.

~~“Children and youth with special health care needs (CSHCN)” or “CYSHCN” means children and youth with chronic physical, developmental, behavioral, or emotional conditions that require health and related services of a type or amount beyond that required by children and youth generally.~~

~~“CHSC” means Child Health Specialty Clinics, a statewide program for children and youth with special health care needs authorized under Title V of the Social Security Act.~~

~~“CMS” means the United States Department of Health and Human Services DHHS Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration).~~

~~“Dental home” means a usual source of dental care where dental care services are provided in a primary care setting where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent. In addition, the dental care provider and parents partner to identify and access all the dental and nondental services needed to help children and their families achieve maximum oral health network of individualized care based on risk assessment, which includes oral health education, dental screenings, preventive services, diagnostic services, treatment services, and emergency services.~~

~~“Enabling services” means services that allow or provide for access to and the derivation of benefits from, the array of basic health care services and include activities such as outreach, case management, health education, transportation, translation, home visiting, smoking cessation, nutrition, support services, and others are designed to help families gain access to health care. Enabling services include but are not limited to outreach, informing/reinforming, and care coordination services to link women, children, and families to needed health care services.~~

~~“Gap filling” means direct health care services supported by Title V staff or resources that are needed by children with special health care needs but are not otherwise accessible in the community.~~

~~“Health care services” means services provided through MCH contract agencies.~~

~~“Infrastructure building” means activities directed at improving and maintaining the health status of all clients by providing support for the development and maintenance of comprehensive health services systems including development and maintenance of health services standards or guidelines, training, data, and planning systems; that support developing and maintaining comprehensive health care service systems. These activities include but are not limited to needs assessment, data collection, strategic planning, working with community partners, developing protocols, quality assurance, and training.~~

~~“Medical home” means a usual source of health care where the physician/health care provider is available to coordinate preventive, primary and follow-up care at all times (24 hours per day, seven days per week) for the patient while maintaining the client’s health records. In addition, the physician/health care provider and parents partner to identify and access the medical and nonmedical services needed to~~

PUBLIC HEALTH DEPARTMENT[641](cont'd)

~~help children and their families achieve their maximum potential~~ team approach to providing health care that originates in a primary care setting; fosters a partnership among the client, the personal provider, and other health care professionals, and where appropriate, the client's family; utilizes the partnership to access all medical and nonmedical health-related services needed by the client and the client's family to achieve maximum health potential; maintains a centralized, comprehensive record of all health-related services to promote continuity of care; and has all of the characteristics specified in Iowa Code section 135.158.

~~"Oral health counseling"~~ means services to assess oral health status and to provide education appropriate to the needs of the client and referral ~~to a dentist for dental care~~ if indicated.

~~"Performance measures"~~ means ~~a narrative statement that describes a specific maternal and child health need or requirement that, when addressed, will lead to a specific health outcome within a community and generally within a specified time frame~~ National Performance Measures (NPM) and State Performance Measures (SPM) required through the HRSA, Maternal and Child Health Bureau (MCHB), Title V MCH Block Grant.

~~"Physician"~~ means a person currently licensed to practice ~~medicine and surgery, osteopathic medicine and surgery, or osteopathy~~ under Iowa Code ~~chapters~~ chapter 148 and 150A.

~~"Population-based services"~~ means ~~preventive interventions and personal health services, developed for and available to the entire MCH population of the state rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components.~~ services that include preventive personal health care services for groups of individuals (rather than one-on-one). Payer status of the individuals is not assessed, and services are not billed. Population-based services may be provided to an entire community, county, or region. Examples include but are not limited to mass immunizations, classroom oral health education, and the use of media for health promotion and education.

~~"Program income"~~ means gross income earned by the MCH contract agency ~~resulting from activities in which part or all of the cost is either borne as a direct cost by the funds received from the department or counted as a direct cost toward meeting cost-sharing or matching requirements of the contract agency.~~ related to fulfilling the terms of the contract. "Program income" includes but is not limited to such income ~~in the form of~~ as fees for services, third-party reimbursements, and proceeds from sales of tangible, personal or real property.

~~"Title V"~~ means Title V of the Social Security Act and the federal requirements contained in the Omnibus Reconciliation Act of 1989 (Public Law 101-239) which address the ~~Maternal and Child Health MCH and Children with Special Health Care Needs~~ CYSHCN programs.

ITEM 7. Amend paragraph **76.5(1)"h"** as follows:

~~h. Development of state plan and annual report in conjunction with the family services bureau BFH, OHDS, and CHSC.~~

ITEM 8. Adopt the following new paragraph **76.5(1)"j"**:

~~j. Building relationships with community partners including health care providers and human service leaders to improve the health care system for women and children.~~

ITEM 9. Amend paragraphs **76.5(2)"e"** and **"f"** as follows:

~~e. Childhood Testing for childhood lead poisoning screening.~~

~~f. Support screening and follow-up for sickle cell disease and other hemoglobin congenital and inherited disorders.~~

ITEM 10. Adopt the following new paragraph **76.5(2)"g"**:

~~g. Oral health survey.~~

ITEM 11. Amend paragraphs **76.5(3)"g"** and **"i"** as follows:

~~g. Parent-to-parent Family-to-family support for families who have children and youth with special health care needs.~~

~~i. Rescinded IAB 2/6/02, effective 3/13/02. Referral.~~

PUBLIC HEALTH DEPARTMENT[641](cont'd)

ITEM 12. Adopt the following **new** paragraphs **76.5(3)“j”** and **“k”**:

- j.* Assistance in establishing a medical and dental home.
- k.* Presumptive eligibility.

ITEM 13. Amend paragraphs **76.5(4)“a”** to **“d”** as follows:

a. Child health.

- (1) ~~Informing~~ Immunizations.
- (2) ~~Care/service coordination~~ Blood lead testing and analysis.
- (3) Nutrition counseling.
- (4) Psychosocial services.
- (5) ~~Parenting~~ Related anticipatory guidance and parenting education.
- (6) ~~Health education~~ Developmental testing.
- (7) Well-child health care services include routine, ambulatory well-child care.
- (8) ~~Assistance in establishing a medical and dental home or usual source of care~~ Home visit provided by nurse or social worker.

(9) ~~Referral~~ Interpretation services.

(10) Transportation services.

b. Prenatal Maternal health—prenatal and postpartum services.

(1) ~~Care/service coordination.~~

(2) (1) Risk assessment.

(3) (2) Psychosocial screening assessment and counseling.

(4) (3) Nutrition assessment and counseling.

(5) (4) Health education.

(6) (5) Routine, ambulatory prenatal medical care, postpartum exams, and family planning services.

(6) Home visit provided by a nurse or social worker.

(7) Interpretation services.

(8) Transportation services.

c. Dental health—maternal and child.

(1) Oral screening.

(2) Dental treatment services through referral.

(3) Oral health education and counseling for the prevention of dental disease.

(4) Fluoride varnish application.

(5) Dental sealant application.

(6) Prophylaxis.

(7) Radiographs.

d. Children and youth with special health care needs. Community-based pediatric subspecialty clinic services that are “gap filling.”

ITEM 14. Amend paragraphs **76.6(1)“a”** to **“c”** as follows:

a. Prenatal Maternal health program—no age restrictions.

b. Child health care services program—birth through 21 years of age.

c. CHSC CYSHCN program—birth through 21 years of age.

ITEM 15. Amend subrule 76.6(2) as follows:

76.6(2) Income.

a. No change.

b. Income information will be provided by the individual, ~~who will attest in writing to the accuracy of the information contained in the application.~~

c. Proof of Title XIX₂ or Title XXI (HAWK-I)₂ or WIC eligibility will automatically serve in lieu of an application.

d. and *e.* No change.

f. Individuals will be screened for eligibility for Title XIX₂ and Title XXI (HAWK-I)₂ and WIC. If an individual’s income falls within the eligibility guidelines for Title XIX₂ and Title XXI (HAWK-I)₂ or

PUBLIC HEALTH DEPARTMENT[641](cont'd)

WIC, the individual ~~should~~ may be referred to the Iowa department of human services or other enrollment source to apply for coverage. Pregnant Children, youth and pregnant women shall be considered for Title XIX presumptive eligibility. Children shall be considered for Title XIX eligibility to the extent these activities are approved by the Iowa department of human services.

g. An individual whose income is above the poverty level established by Title XXI and below 300 percent of the federal poverty guidelines will qualify for services on a sliding fee scale, as determined by the local agency's cost for the service. The department provides annual guidelines based on poverty levels established annually by DHHS. An individual whose income is at or above 300 percent will qualify for services at full fee.

h. No change.

ITEM 16. Amend subrules 76.6(4) and 76.6(5) as follows:

76.6(4) *Pregnancy.* An individual applying for the prenatal program shall have verification of pregnancy by an independent health provider, by the maternal health contract agency, or by a family planning (Title X) agency, or a positive home pregnancy test.

76.6(5) *Children and youth with special health care needs.* An individual applying for CHSC services shall be determined to have a special health care need as defined by the federal ~~MCH bureau~~ MCHB. ~~Children aged 0 to 21 residing in Iowa with or at risk of having a special health care need are eligible for CHSC services.~~ Care/service coordination, family support or other non-clinic services are provided at no charge to the family. Clinic services are provided without charge to families with adjusted gross incomes below 185 percent of the federal poverty guideline guidelines. Families above this threshold are responsible for payment according to a sliding fee scale based on tax exemptions, adjusted gross income, and extenuating circumstances.

ITEM 17. Amend subrules 76.7(1) and 76.7(2) as follows:

76.7(1) A person or the parent or guardian of a minor desiring direct health services other than those provided to children and youth with special health care needs ~~shall~~ may apply to a contract agency using a Health Services Application, Form 470-2927, 470-2927(SP S), Presumptive Eligibility Health Care Coverage for Children Application, Form 470-4855, 470-4855(S), or the alternate form authorized by the HAWK-I board.

76.7(2) The contract agency shall verify the following information to ~~apply for MCH~~ receive services under this the Title V MCH program:

- a. The information requested on the application form under "Household Information."
- b. Income information for all family members or proof of eligibility for Title XIX (Medicaid), ~~or~~ Title XXI (HAWK-I), or WIC.
- c. Information about health insurance coverage.
- d. The signature of the individual or responsible adult, dated and witnessed.
- e. ~~For pregnant women, denial of benefits under Title XIX (Medicaid) due to economic or categorical ineligibility.~~

ITEM 18. Amend subrule 76.7(7) as follows:

76.7(7) A family seeking direct health care or care/service coordination services, or family support for a child or youth with special health care needs shall follow CHSC policies and procedures. Insurance status and eligibility for the sliding fee scale are determined during the patient client registration process.

ITEM 19. Amend subrule 76.8(2) as follows:

76.8(2) *Notification of appeal rights and right to hearing.* Individuals applying for MCH services shall be notified of the right to appeal and the procedures for requesting a hearing at the time of application for MCH services. Information about the appeal and hearing process shall be provided in writing and shall be immediately available at ~~maternal and child health~~ MCH centers. A health professional shall be available to explain the method by which an appeal or hearing is requested and the manner in which the appeal and hearing will be conducted.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

ITEM 20. Amend subrule 76.8(5) as follows:

76.8(5) *Hearing officer.* The hearing officer shall be impartial, shall not have been directly involved in the initial determination of the action being contested, and shall not have a personal stake in the decision. Hearing officers may be contract agency directors, health professionals, community leaders, or any impartial citizen. If prior to the hearing, the appealing party objects to a contract agency director serving as the hearing officer in a case involving the director's own agency, another hearing officer shall be selected and, if necessary, the hearing shall be rescheduled as expeditiously as possible. Contract agencies may seek the assistance of the Chief, ~~Family Services~~ Bureau of Family Health, Iowa Department of Public Health, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319-0075, in the appointment of a hearing officer.

ITEM 21. Amend subrule 76.8(9) as follows:

76.8(9) *Appeal of decision to the department.* A party receiving an unfavorable decision may file an appeal with the department. Such appeals must be filed in writing within ~~15~~ ten working days of the mailing date of the hearing decision. Appeals shall be sent to the ~~Division Director, Family and Community Health, Contract Administrator, Division of Administration and Professional Licensure,~~ Iowa Department of Public Health, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319-0075.

ITEM 22. Amend rules 641—76.9(135) and 641—76.10(135) as follows:

641—76.9(135) *Grant application procedures for community-based contract agencies.* Private nonprofit or public agencies seeking to provide community-based ~~Title V MCH~~ Title V MCH public health services shall file a letter of intent to make application to the department ~~no later than April 1 of~~ during the competitive year. Applications shall be to administer MCH services for a specified project period, as defined in the request for proposal, with an annual continuation application. The contract period shall be from October 1 to September 30 annually. All materials submitted as part of the grant application are considered public records in accordance with Iowa Code chapter 22, after a notice of award is made by the department. Notification of the availability of funds and grant application procedures will be provided in accordance with the department rules found in 641—Chapter 176.

Contract agencies are selected on the basis of the grant applications submitted to the department. The department will consider only applications from private nonprofit or public agencies. ~~In the case of competing applications, the contract will be awarded to the applicant that scores the highest number of points in the review. In the event that competitive proposals receive an equal number of points, two~~ department division directors and the respective bureau chief administering the program may conduct a second review utilizing the same scoring process.

641—76.10(135) *Funding levels for community-based contract agencies.* The amount of Title V MCH funds available to each contract agency on an annual basis shall be determined by the department using a methodology based upon dollars available, number of clients enrolled, and selected needs criteria. ~~A contract agency will receive four dollars of the available funds from the department for each one dollar of matching funds up to but not to exceed the total available funds for that contract agency.~~

ITEM 23. Amend subrule 76.11(1) as follows:

76.11(1) *Performance standards measures.* ~~The department shall establish performance standards that contract agencies shall meet in the provision of public health services. The performance standards for community-based agencies are published in the quality assurance section (501) of the MCH Administrative Manual. Copies of the performance standards are available from the Chief, Family Services Bureau, Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075, or on the Iowa department of public health Web site (www.idph.state.ia.us). Contract agencies that do not meet the performance standards shall not be eligible for continued funding as an MCH contract agency unless the contract agency has secured an exception must report on activities and progress toward meeting NPM, SPM, and other performance measures identified by the department.~~

PUBLIC HEALTH DEPARTMENT[641](cont'd)

ITEM 24. Rescind and reserve subrule **76.11(3)**.

ITEM 25. Amend subrules 76.13(1) and 76.13(2) as follows:

76.13(1) Last pay. ~~MCH grant~~ Title V MCH funds are considered last pay. Title XIX and other third-party payers are to be billed first if other resources cover the service.

76.13(2) Program income. ~~Program income shall be used for allowable costs of the MCH program. Program income shall be used before using the funds received from the department. Excess program income may be retained to build a three-month operating capital. Program income shall be used during the current fiscal year or the following fiscal year. Five percent of unobligated program income may be used by the contract agency for special purposes or projects provided such use furthers the mission of the MCH program and does not violate state or federal rules governing the program may be used for allowable costs of the MCH contract agency. A spending plan must be approved by the department for use of program income in excess of 5 percent above the amount approved in the program budget. Program income must be used before the funds received from the department are used. Excess program income may be retained to build a three-month operating capital.~~

ITEM 26. Amend subrule 76.13(4) as follows:

76.13(4) Local share. Community-based contract agencies are required to match the Title V MCH funds received from the department at a minimum rate of one dollar of local match for every four dollars received from the department. Sources that may be used for match are reimbursement for service from third parties such as insurance and Title XIX, client fees, local funds from nonfederal sources, or in-kind contributions. In-kind contributions must be documented in accordance with generally accepted accounting principles.

ITEM 27. Amend subrule 76.17(1) as follows:

76.17(1) Appeal. The appeal shall be made in writing to the department within ten days of receipt of notification of the adverse action. Notice is to be addressed to the ~~Division Director, Family and Community Health Division, Contract Administrator, Division of Administration and Professional Licensure, Iowa Department of Public Health, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319-0075.~~

ITEM 28. Reserve rules **641—76.18** to **641—76.20**.

ITEM 29. Adopt the following **new** heading preceding rule **641—76.21(135)**:

MATERNAL AND CHILD HEALTH ADVISORY COUNCIL

ITEM 30. Adopt the following **new** rules 641—76.21(135) to 641—76.28(135):

641—76.21(135) Purpose. The MCH advisory council assists in the development of the state plan for MCH, including children and youth with special health care needs and family planning. The council assists with assessment of need, prioritization of services, establishment of objectives, and encouragement of public support for MCH and family planning programs. In addition, the council advises the director regarding health and nutrition services for women and children, supports the development of special projects and conferences, and advocates for health and nutrition services for women and children.

641—76.22(135) Mission. The mission of the MCH advisory council is to assist the department in improving coordination of and promoting an integrated health system serving children and families in Iowa. Areas of emphasis include Title V MCH and any other programs in the department that address the well-being of children and families.

641—76.23(135) Membership. Membership of the MCH advisory council shall include representatives of professional groups, agency representatives, legislators, and individuals with an interest in promoting health services for women and children.

76.23(1) Appointments to the council shall be made by the director.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

- a. Each appointment shall be for a term of three years, commencing on July 1.
- b. No member shall serve more than two full consecutive terms (this provision may be waived by the director in exceptional cases).
- c. In order to ensure that one third of the council rotates each year, staggered terms shall be initiated in June. For terms expiring during the calendar year, appointments and reappointments shall be staggered, resulting in a council with approximately one third of the terms of membership expiring in each year.
- d. The goal is to attempt to implement a gender-balanced council membership.
- e. The number of members shall not be fewer than 15 or more than 25.

76.23(2) The council shall be composed of the following categories:

- a. Required members.
 - (1) The chair (or designee) of the department's perinatal advisory committee.
 - (2) The chair (or designee) of the congenital and inherited disorders advisory committee.
 - (3) With approval of the director:
 1. A representative chosen by the Iowa State Association of Counties.
 2. A representative chosen by the Iowa Dental Association.
 3. A representative chosen by the Iowa Dietetic Association.
 4. A representative chosen by the American Academy of Family Physicians, Iowa chapter.
 5. A representative chosen by the American Academy of Pediatrics, Iowa chapter.
 6. A representative chosen by the American College of Obstetricians and Gynecologists, Iowa chapter.
 7. A representative chosen by the state board of health.
 - (4) Three family representatives, appointed by the director, may represent parents with children and youth with special healthcare needs, parents with children participating in Medicaid or HAWK-I, or parents with children participating in child care or early childhood education.
- b. Discretionary members. A maximum of 13 additional members from among the following may be appointed by the director:
 - (1) Adolescent health.
 - (2) Women's health.
 - (3) Insurance (private sector).
 - (4) Child care.
 - (5) Legal services.
 - (6) Child advocate.
 - (7) Social service.
 - (8) Infant mortality prevention.
 - (9) University extension services.
 - (10) Voluntary agency.
 - (11) Children's mental health.
 - (12) Youth.
 - (13) Child health.
 - (14) Adult mental health.
 - (15) Substance abuse.
 - (16) Domestic violence or sexual violence services, or both.
 - (17) Juvenile justice.
 - (18) Oral health.
- c. Ex officio members. The following may serve as ex officio, nonvoting members of the council:
 - (1) One state senator and one state representative.
 - (2) The chair (or designee) of the bureau of family health grantee committee, Iowa department of public health.
 - (3) A representative of the department of education, bureau of student and family support services.
 - (4) A representative of the department of human services, Iowa Medicaid enterprise.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

(5) A representative of the department of human services, division of adult, children and family services, bureau of child care and community services.

(6) Director (or designee) of Child Health Specialty Clinics.

(7) The chair (or designee) of the early childhood Iowa board.

76.23(3) Vacancies shall be filled in the same manner in which the original appointments were made for the balance of the unexpired term. The nominations committee will make recommendations to the director for appointments.

641—76.24(135) Officers.

76.24(1) Officers of the council shall be a chairperson and a vice chairperson who shall be elected by the members at the last scheduled meeting of each fiscal year.

a. The term of elected office shall be one year.

b. A member shall not serve as chairperson for more than three full consecutive years.

c. Vacancies in the office of chairperson shall be filled by elevation of the vice chairperson.

d. Vacancies in the office of vice chairperson shall be filled by election at the next meeting after the vacancy occurs.

76.24(2) Duties of officers.

a. The chairperson shall:

(1) Preside at all meetings of the council,

(2) Represent the council at appropriate or designated meetings,

(3) Appoint such committees as deemed necessary, and

(4) Designate the chairperson of ad hoc committees.

b. The vice chairperson shall:

(1) Perform the duties of the chairperson if the chairperson is absent or unable to act. When so acting, the vice chairperson shall have all the powers of and be subject to all restrictions upon the chairperson.

(2) Perform such other duties as may be assigned by the chairperson.

(3) Represent the council at designated meetings at the request of the chairperson.

641—76.25(135) Duties of the council. The council shall perform the following duties:

76.25(1) Review the state's maternal, child, and adolescent health needs and the adequacy of health care services, programs, and providers to meet those needs.

76.25(2) Review local health statistics and program data to assess improvement in the overall health status of women and children.

76.25(3) Represent the concerns of consumers and local service providers in their relationship with the department programs and initiatives and other state agency initiatives.

76.25(4) Provide input and feedback in the development of the MCH state plan, the I-Smile™ program, family planning grant application and programming objectives, MIECHV state plan, and the WIC state plan, including the assessment of need, the prioritization of services and the establishment of objectives.

76.25(5) Identify potential collaborative partners to help achieve the mission and goals of the MCH advisory council and the department.

76.25(6) Disseminate information and report back to representative consumer groups and local providers regarding department programs, initiatives, services, and state plans.

641—76.26(135) Meetings.

76.26(1) Meetings of the council will be held as necessary and at the call of the director or the chairperson. There shall be a minimum of four meetings per year.

a. At the last scheduled meeting of the fiscal year, the regular meetings for the following year will be scheduled.

b. Notice of meetings will be sent at least two weeks prior to the meeting date.

c. Materials for the meeting will be sent at least one week prior to the meeting date.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

76.26(2) All meetings are open to the public in accordance with the open meetings law, Iowa Code chapter 21.

76.26(3) A majority of the required and discretionary membership shall constitute a quorum.

76.26(4) At all meetings of the council, the act of the majority of the members present at the meeting shall be the act of the council.

76.26(5) Meeting attendance.

a. Attendance shall be expected at all meetings unless circumstances prohibit attendance.

b. Participation by telephone or other means is permissible so long as arrangements can be made by the department for such participation.

c. Three unexcused absences per fiscal year shall result in termination of membership as determined by the director or the director's designee.

76.26(6) The council shall maintain information sufficient to indicate the results of each vote. If necessary, members may be polled telephonically or electronically.

76.26(7) Subcommittees shall meet as necessary.

641—76.27(135) Executive committee.

76.27(1) The executive committee shall be composed of the chairperson and vice chairperson, assisted by two members appointed by the chairperson at the beginning of the fiscal year.

76.27(2) The executive committee will meet as necessary to act on behalf of the full council to develop a recommendation when the council is not in session.

76.27(3) The executive committee may request staff support and assistance from department management.

641—76.28(135) Committees. The council may designate one or more committees to perform such duties as may be deemed necessary.

76.28(1) The chairperson appoints the nominations committee, which will submit a slate of potential members and officers.

76.28(2) Additional committees or ad hoc committees may be formed as needed.

76.28(3) Committees should be utilized whenever possible to review particular substantive areas by previewing recommendations, framing issues for the larger group and presenting on issues that need to be addressed by the council.

ITEM 31. Amend **641—Chapter 76**, implementation sentence, as follows:

These rules are intended to implement Iowa Code ~~section 135.11~~ subsection 135.11(17).

ARC 0227C

PUBLIC HEALTH DEPARTMENT[641]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 135.11 and 125.7, the Department of Public Health hereby gives Notice of Intended Action to amend Chapter 155, “Licensure Standards for Substance Abuse and Problem Gambling Treatment Programs,” Iowa Administrative Code.

The rules in Chapter 155 describe licensure standards for substance abuse and problem gambling treatment programs. The proposed amendments replace current language which requires that all client/patients admitted to residential, inpatient or halfway house services and high-risk outpatient client/patients have a tuberculin skin test, simplify some requirements and remove the requirement to test high-risk outpatient client/patients. The proposed amendments add a requirement that residential,

PUBLIC HEALTH DEPARTMENT[641](cont'd)

inpatient or halfway house staff have a tuberculin skin test. To protect the health and safety of Iowans, these changes will bring Iowa into compliance with tuberculosis-testing recommendations from the United States Centers for Disease Control and Prevention (CDC) in this area.

The Iowa Administrative Code currently requires employees in the following areas to be screened for tuberculosis (TB): child care centers, hospitals, nursing facilities, residential care facilities for persons with mental illness, intermediate care facilities for persons with mental illness and residential care facilities for the intellectually disabled.

The proposed amendment in Item 1 rescinds the paragraph that requires all client/patients admitted to residential, inpatient or halfway house services and high-risk outpatient client/patients to have a tuberculosis skin test.

The proposed amendment in Item 2 adopts a new heading to precede the rules pertaining to tuberculosis screening of substance abuse and problem gambling treatment program health care workers and residents.

The proposed amendment in Item 3 adopts new definitions and rules regarding tuberculosis screening of substance abuse and problem gambling treatment program health care workers and residents.

Any interested person may make written comments or suggestions on the proposed amendments on or before August 14, 2012. Such written comments should be directed to Bob Kerksieck, Department of Public Health, 321 East 12th Street, Des Moines, Iowa 50319. E-mail may be sent to Robert.Kerksieck@idph.iowa.gov.

A public hearing on the proposed amendments will be held Tuesday, August 14, 2012, from 12 noon to 1 p.m. in Room 517 of the Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa. The hearing room is fully accessible. Persons wishing to speak at the hearing will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendments.

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

These amendments are intended to implement Iowa Code sections 125.15, 125.17, 125.32 and 135.150.

The following amendments are proposed.

ITEM 1. Rescind paragraph **155.21(16)“d.”**

ITEM 2. Adopt the following **new** heading to precede rule **641—155.36(125,135)**:

TUBERCULOSIS (TB) SCREENING:
HEALTH CARE WORKERS AND RESIDENTS

ITEM 3. Adopt the following **new** rules 641—155.36(125,135) to 641—155.38(125,135):

641—155.36(125,135) Purpose. The purpose of these rules is to outline procedures for conducting tuberculosis (TB) screening for health care workers and residents at substance abuse and problem gambling treatment program facilities. Facilities will need to conduct a risk assessment to determine the risk classification of the facility and to identify appropriate screening criteria. The screening criteria are consistent with those of the U.S. Centers for Disease Control and Prevention (CDC), TB Elimination Division, as outlined in the MMWR December 30, 2005/Vol. 54/No. RR-17, “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005.”

641—155.37(125,135) Definitions. For the purpose of these rules, the following definitions shall apply:

“*Baseline TB screening*” means the screening of staff and residents for latent tuberculosis infection (LTBI) and TB disease at the beginning of employment or upon admission to a facility. Baseline TB screening includes a symptom screen for all staff and residents, and tuberculin skin tests (TSTs) or interferon-gamma release assay (IGRA) for *Mycobacterium tuberculosis* for those staff and residents with previous negative test results for *M. tuberculosis* infection.

“*Baseline TST*” or “*baseline IGRA*” means the TST or IGRA, respectively, that is administered at the beginning of employment to newly hired staff or upon admission to residents of facilities.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

“*Boosting*” means a phenomenon in which a person has a negative TST (i.e., false-negative) result years after infection with *M. tuberculosis* and then a positive subsequent TST result. The positive TST result is caused by a boosted immune response of previous sensitivity rather than by a new infection (false-positive TST conversion). Two-step testing reduces the likelihood of mistaking a boosted reaction for a new infection.

“*Extrapulmonary TB*” means TB disease in any part of the body other than the lungs (e.g., kidney, spine, or lymph nodes).

“*Interferon-gamma release assay*” or “*IGRA*” means a whole-blood test that can aid in diagnosing *Mycobacterium tuberculosis* infection.

“*Laryngeal TB*” means a form of TB disease that involves the larynx and may be highly infectious.

“*Latent TB infection*” or “*LTBI*” means infection with *M. tuberculosis* without symptoms or signs of disease having manifested.

“*Mantoux method*” means a skin test performed by intradermally injecting 0.1 mL of purified protein derivative (PPD) tuberculin solution into the volar or dorsal surface of the forearm.

“*Pulmonary TB*” means TB disease that occurs in the lung parenchyma, usually producing a cough that lasts greater than three weeks. Pulmonary TB is usually infectious.

“*Purified protein derivative (PPD) tuberculin*” means a material used in diagnostic tests for detecting infection with *M. tuberculosis*.

“*Risk classification*” means the category the infection control team, or designated other, determines that the setting’s TB risk classification is based, as a result of the TB risk assessment.

“*Serial screening*” refers to TB screening performed at regular intervals following baseline TB screening. Serial TB screening, also called annual or ongoing TB testing, consists of two components: (1) assessing for current symptoms of active TB disease, and (2) testing for the presence of infection with *M. tuberculosis* by administering either a TST or single IGRA.

“*Symptom screen*” means a procedure used during a clinical evaluation in which patients are asked if they have experienced any departure from normal in function, appearance, or sensation related to TB disease (e.g., cough).

“*TB patient*” means a person who had undiagnosed infectious pulmonary or laryngeal TB while in the facility during the preceding year. “TB patient” does not include persons with LTBI (treated or untreated), extrapulmonary TB disease, pulmonary, or laryngeal TB that have met criteria for noninfectiousness.

“*TB risk assessment*” means an initial and ongoing evaluation of the risk for transmission of *M. tuberculosis* in a particular health care setting.

“*TB screening*” means an administrative control measure in which evaluation for LTBI and TB disease is performed through baseline and serial screening of staff and residents of facilities.

“*TB screening plan*” means a plan that facilities develop and implement that comprises four major components: (1) baseline testing for *M. tuberculosis* infection, (2) serial testing for *M. tuberculosis* infection, (3) serial screening for signs or symptoms of TB disease, and (4) TB training and education.

“*Treatment for LTBI*” means treatment that prevents the progression of *M. tuberculosis* infection into TB disease.

“*Tuberculin skin test*” or “*TST*” means a diagnostic aid for finding *M. tuberculosis* infection. The Mantoux method is the recommended method to be used for the TST.

“*Tuberculosis*” or “*TB*” means the namesake member organism of *M. tuberculosis* complex and the most common causative infectious agent of TB disease in humans. In certain instances, the species name refers to the entire *M. tuberculosis* complex, which includes *M. bovis* and *M. african*, *M. microti*, *M. canetrr*, *M. caprae*, and *M. pinnipedii*.

“*Tuberculosis disease*” or “*TB disease*” means a condition caused by infection with a member of the *M. tuberculosis* complex that has progressed to causing clinical (manifesting symptoms or signs) or subclinical (early stage of disease in which signs or symptoms are not present, but other indications of disease activity are present) illness.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

“Two-step tuberculin skin test” or “two-step TST” means the procedure used for the baseline skin testing of persons who will receive serial TSTs to reduce the likelihood of mistaking a boosted reaction for a new infection.

641—155.38(125,135) Tuberculosis screening of staff and residents.

155.38(1) TB risk assessment. Annually, each facility shall conduct a TB risk assessment to evaluate the risk for transmission of *M. tuberculosis*, regardless of whether a person with suspected or confirmed TB disease is expected to be encountered in the facility. The TB risk assessment shall be utilized to determine the types of administrative, environmental, and respiratory protection controls needed and serves as an ongoing evaluation tool of the quality of TB infection control and for the identification of needed improvements in infection control measures. The risk assessment shall include:

- a. The community rate of TB,
- b. The number of persons with infectious TB encountered in the facility, and
- c. The speed with which persons with infectious TB are suspected, isolated, and evaluated to determine if persons with infectious TB exposed staff or others in the facility. TB cases include persons who had undiagnosed infectious pulmonary or laryngeal TB while in the facility during the preceding year. This does not include persons with LTBI (treated or untreated), persons with extrapulmonary TB disease, or persons with pulmonary and laryngeal TB that have met criteria for noninfectiousness.

155.38(2) Facility risk classification. The infection control team or designated staff in a facility is responsible for determining the type of risk classification of the facility. The facility risk classification is used to determine the frequency of TB screening. The facility risk classification may change due to an increase or decrease in the number of TB cases during the preceding year.

a. *Types of risk classifications.*

(1) “Low risk” means that a facility is one in which persons with active TB disease are not expected to be encountered and in which exposure to TB is unlikely.

(2) “Medium risk” means that a facility is one in which health care workers will or might be exposed to persons with active TB disease or to clinical specimens that might contain *M. tuberculosis*.

(3) “Potential ongoing transmission” means that a facility is one in which there is evidence of person-to-person transmission of *M. tuberculosis*. This classification is a temporary classification. If it is determined that this classification applies to a facility, the facility shall consult with the department’s TB control program.

b. *Classification criteria—low risk.*

(1) Inpatient settings with 200 or more beds: If a facility has fewer than six TB patients for the preceding year, the facility shall be classified as low risk.

(2) Inpatient settings with fewer than 200 beds: If a facility has fewer than three TB patients for the preceding year, the facility shall be classified as low risk.

(3) Outpatient, outreach, and home-based health care settings: If a facility has fewer than three TB patients for the preceding year, the facility shall be classified as low risk.

c. *Classification criteria—medium risk.*

(1) Inpatient settings with 200 or more beds: If a facility has six or more TB patients for the preceding year, the facility shall be classified as medium risk.

(2) Inpatient settings with fewer than 200 beds: If a facility has three or more TB patients for the preceding year, the facility shall be classified as medium risk.

(3) Outpatient, outreach, and home-based health care settings: If a facility has three or more TB patients for the preceding year, the facility shall be classified as medium risk.

d. *Classification criteria—potential ongoing transmission.* If evidence of ongoing *M. tuberculosis* transmission exists at a facility, the facility shall be classified as potential ongoing transmission, regardless of the facility’s previous classification.

155.38(3) Baseline TB screening procedures for facilities.

a. All facility staff members shall receive baseline TB screening upon hire. Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) using a two-step TST or a single IGRA to test for infection with *M. tuberculosis*.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

b. A staff member may begin working with clients or residents after a negative TB symptom screen (i.e., no symptoms of active TB disease) and a negative TST (i.e., first step) or negative IGRA. The second TST may be performed after the staff member starts working with clients or residents.

c. A staff member with a new positive test result for *M. tuberculosis* infection (i.e., TST or IGRA) shall receive one chest radiograph result to exclude TB disease. Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician. Treatment for LTBI should be considered in accordance with CDC guidelines.

d. A staff member with documentation of past positive test results (i.e., TST or IGRA) and documentation of the results of a chest radiograph indicating no active disease, dated after the date of the positive TST or IGRA test result, does not need another chest radiograph at the time of hire.

e. TB, TST or IGRA tests for *M. tuberculosis* infection do not need to be performed for staff with a documented history of TB disease, documented previously positive test result for *M. tuberculosis* infection, or documented completion of treatment for LTBI or TB disease. Documentation of a previously positive test result for *M. tuberculosis* infection can be substituted for a baseline test result if the documentation includes a recorded TST result in millimeters or IGRA result, including the concentration of cytokine measured (e.g., interferon-gamma (IFN-g)). All other staff should undergo baseline testing for *M. tuberculosis* infection to ensure that the test result on record in the setting has been performed and measured using the recommended diagnostic procedure.

f. A second TST is not needed if the staff member has a documented TST result from any time during the previous 12 months. If a newly employed staff member has had a documented negative TST result within the previous 12 months, a single TST can be administered in the new setting. This additional TST represents the second stage of two-step testing. The second test decreases the possibility that boosting on later testing will lead to incorrect suspicion of transmission of *M. tuberculosis* in the setting.

155.38(4) Serial TB screening procedures for facilities.

a. *Facilities classified as low risk.* After baseline testing of staff for infection with *M. tuberculosis*, additional TB screening of staff is not necessary unless an exposure to *M. tuberculosis* occurs.

b. *Facilities classified as medium risk.*

(1) After undergoing baseline testing for infection with *M. tuberculosis*, staff should receive TB screening annually (i.e., symptom screen for all staff members and testing for infection with *M. tuberculosis* for staff members with baseline negative test results).

(2) Staff members with a baseline positive or new positive test result for *M. tuberculosis* infection or documentation of previous treatment for LTBI or TB disease shall receive one chest radiograph result to exclude TB disease. Instead of participating in serial testing, staff should receive a symptom screen annually. This screen should be accomplished by educating the staff about symptoms of TB disease and instructing the staff members to report any such symptoms immediately to the occupational health unit. Treatment for LTBI should be considered in accordance with CDC guidelines.

c. *Facilities classified as potential ongoing transmission.* Testing for infection with *M. tuberculosis* may need to be performed every eight to ten weeks until lapses in infection control have been corrected and no additional evidence of ongoing transmission is apparent. The potential ongoing transmission classification should be used only as a temporary classification. This classification warrants immediate investigation and corrective steps. After a determination that ongoing transmission has ceased, the setting shall be reclassified as medium risk for a minimum of one year.

155.38(5) Screening of staff who transfer to other facilities.

a. *Staff transferring from a low-risk facility to another low-risk facility.* After a baseline result for infection with *M. tuberculosis* is established and documented, serial testing for *M. tuberculosis* infection is not necessary for staff transferring from a low-risk facility to another low-risk facility.

b. *Staff transferring from a low-risk facility to a medium-risk facility.* After a baseline result for infection with *M. tuberculosis* is established and documented, annual TB screening, including a symptom screen and TST or IGRA for persons with previously negative test results, should be performed for staff transferring from a low-risk facility to a medium-risk facility.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

155.38(6) *Baseline TB screening procedures for residents of residential, inpatient, and halfway house facilities.*

a. TB screening is a formal procedure to evaluate residents for LTBI and TB disease. Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) using a two-step TST or a single IGRA to test for infection with *M. tuberculosis*.

b. All residents shall be assessed for current symptoms of active TB disease upon admission. Within 72 hours of a resident's admission, baseline TB testing for infection shall be initiated unless baseline TB testing occurred within three months prior to the resident's admission.

c. Residents with a new positive test result for *M. tuberculosis* infection (i.e., TST or IGRA) shall receive one chest radiograph result to exclude TB disease. Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician.

d. Residents with documentation of past positive test results (i.e., TST or IGRA) and documentation of the results of a chest radiograph indicating no active disease, dated after the date of the positive TST or IGRA test result, do not need another chest radiograph at the time of admission.

e. TB, TST or IGRA tests for *M. tuberculosis* infection do not need to be performed for residents with a documented history of TB disease, a documented previously positive test result for *M. tuberculosis* infection, or documented completion of treatment for LTBI or TB disease. Documentation of a previously positive test result for *M. tuberculosis* infection can be substituted for a baseline test result if the documentation includes a recorded TST result in millimeters or IGRA result, including the concentration of cytokine measured (e.g., IFN-g). All other residents should undergo baseline testing for *M. tuberculosis* infection to ensure that the test result on record in the setting has been performed and measured using the recommended diagnostic procedures.

f. A second TST is not needed if the resident has a documented TST result from any time during the previous 12 months. If a new resident has had a documented negative TST result within the previous 12 months, a single TST can be administered in the new setting. This additional TST represents the second stage of two-step testing. The second test decreases the possibility that boosting on later testing will lead to incorrect suspicion of transmission of *M. tuberculosis* in the setting.

g. After baseline TB screening is accomplished, serial TB screening of the residents is not recommended.

155.38(7) *Serial TB screening procedures for residents of residential, inpatient, and halfway house facilities.*

a. If a resident is discharged and readmitted to a facility and less than 12 months have passed since the last TB screening, residents should receive a symptom screen upon readmittance. This screen should be accomplished by educating the resident about symptoms of TB disease and instructing the resident to report any such symptoms immediately to the infection control team or designated other staff. If symptoms or signs of TB disease are documented, then a medical evaluation to include a chest X-ray to rule out TB disease is required.

b. If a resident is discharged and readmitted to a facility and more than 12 months have passed since the last TB screening, baseline TB screening should be repeated as outlined in subrule 155.38(6).

ARC 0220C**REGENTS BOARD[681]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 262.9(3), the Board of Regents hereby gives Notice of Intended Action to amend Chapter 2, “Supplemental Specific Rules for Each Institution,” Iowa Administrative Code.

The amendments in Items 1 through 8 remove detailed admission requirements for colleges at the University of Iowa. Admission requirements are included in numerous print and online sources that are readily accessible to prospective students.

The amendments in Items 10 and 11 update admission requirements for undergraduate students and for students applying for admission to the College of Veterinary Medicine.

The amendments in Item 12 remove specific requirements for admission to the Graduate College at Iowa State University. Admission requirements are included in numerous print and online sources that are readily accessible to prospective students.

The amendments in Items 14 to 16 update admission requirements for the University of Northern Iowa for undergraduate and graduate students and remove detailed requirements for those students applying for entrance into the teacher education program. These admission requirements are available in numerous print and online sources that are readily accessible to prospective students.

The amendments in Items 9, 13 and 17 add implementation sentences for rules applicable to each of the three state universities.

Any interested person may make written comments on the proposed amendments on or before August 14, 2012, addressed to Marcia Brunson, Board of Regents, State of Iowa, 11260 Aurora Avenue, Urbandale, Iowa 50322-7905; fax (515)281-6421; or e-mail mbruns@iastate.edu.

A waiver provision is not included. The Board has adopted a uniform waiver rule, which may be found at 681—19.18(17A).

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

These amendments are intended to implement Iowa Code section 262.9(3).

The following amendments are proposed.

ITEM 1. Amend rule 681—2.3(262) as follows:

681—2.3(262) ~~College of business administration~~ Henry B. Tippie College of Business.

2.3(1) *Application for admission.* ~~Applications for admission to the college of business administration should~~ Henry B. Tippie College of Business shall be submitted to the director of admissions undergraduate admissions committee.

~~Applicants are urged to apply as early as possible, since this will in order to give the admissions committee more time to devote to each application. Closing dates for receiving~~ The closing date for receipt of applications will be announced well in advance of the opening date of any session term.

2.3(2) *Requirements for admission.* Requirements for admission are outlined in the University of Iowa General Catalog. For admission to the college of business administration an applicant must have—
~~a.—Completed specific coursework as prescribed by the faculty of the college.~~
~~b.—Attained satisfactory scores on the university’s required admission examinations.~~
~~c.—Maintained a satisfactory grade point average on all courses undertaken, and on all courses undertaken at the University of Iowa, and on all courses undertaken in business and economics.~~

REGENTS BOARD[681](cont'd)

~~Applications from students who have minor deficiencies in meeting grade point requirements specified above will be reviewed by the admissions committee of the college, and upon favorable recommendation of the committee, such students may be granted conditional or probationary admissions.~~

~~Fulfillment of the minimal requirements listed above, however, does not ensure admission to the college of business administration. From those applicants who meet the minimum requirements, the admissions committee will select the applicants who, in their judgment, appear to be best qualified.~~

ITEM 2. Amend rule 681—2.4(262) as follows:

681—2.4(262) College of dentistry.

2.4(1) Application for admission.

a. Address Applicants shall address all inquiries regarding admission to the Director of Admissions, University of Iowa.

b. Applicants are urged to apply as early as possible, ~~since this will in order~~ to give the admissions committee more time to devote to each application. ~~Closing dates for receiving~~ The closing date for receipt of applications will be announced well in advance of the opening date of any session term.

c. Applicants for admission to dentistry are encouraged to complete a program leading to a baccalaureate degree before entering dentistry. Applicants ~~should may~~ consider a combined program of liberal arts and sciences and dentistry ~~which that~~ would qualify ~~them~~ the applicants for a baccalaureate degree upon the completion of the freshman year in dentistry. Preference will be given to students who have the baccalaureate degree or who have completed the requirements for the degree in a combined program.

2.4(2) Requirements for admission.

a. Requirements for admission are outlined in the University of Iowa General Catalog. Fulfillment of the specific requirements for admission ~~listed~~ does not ensure admission to the college of dentistry. From the applicants ~~meeting who meet~~ the minimum requirements, the admissions committee will select the applicants who ~~in their~~ the committee's judgment appear to be best qualified for the study and practice of dentistry. Preference will be given to applicants who are residents of Iowa. Consideration will also be given to outstanding nonresidents for a reserved portion of the class.

b. Prior to the beginning of classes, entering health sciences students are required to have an annual tuberculin skin test (TST) and proof of immunization against mumps, measles, and rubella (2 MMRs) and tetanus, diphtheria, and varicella. The usual regimen of three doses of Hepatitis B vaccine and a Hepatitis B titre must be completed by the second semester of the first year.

c. All students are required to have hospitalization and health insurance.

~~Each applicant must place on file in the office of the director of admissions the completed application form and an official transcript from each college attended.~~

~~The college work outlined below will suffice to meet the minimal academic requirements for admission to the college of dentistry.~~

~~The college curriculum must include at least three academic years of accredited work comprising not less than 96 semester hours and including specific required science courses as prescribed by the faculty of the college. Electives should be chosen so as to give the applicant a well-rounded educational background.~~

~~In order to meet minimum scholarship requirements, the applicant should attain a cumulative grade point average of 2.5. Since the quality of coursework in pre dental science is basic to success in dentistry, special consideration to such college work is given by the admissions committee. The grade point average is based upon the University of Iowa's marking system in which a grade of "A" is equivalent to four points. Other marking systems will be evaluated by the office of admissions and the committee on admissions of the college of dentistry.~~

~~Applicants who have completed the requirements for admission to dentistry five or more years prior to seeking admission to this college of dentistry will be considered by the admissions committee only under exceptional conditions.~~

REGENTS BOARD[681](cont'd)

Preference will be given to applicants who are residents of Iowa, but consideration will also be given to outstanding nonresidents.

Personal interviews will be required of applicants for admission to the college of dentistry. Applicants will be notified when they should appear for the required interviews with members of the admissions committee.

All applicants must complete the dental aptitude tests sponsored by the council on dental education of the American Dental Association. Tests are given three times annually. The University of Iowa is a testing center.

To facilitate early selection, applicants for admission to the college of dentistry are urged to complete the aptitude test no later than October to enable the admissions committee to begin its selection in December.

Accepted applicants are required to make the required deposit within two weeks after notification of favorable action on their applications. This deposit is not refundable but is credited toward the first fee payment. The applicant who fails to make the deposit within the time specified forfeits a place in the entering class.

Applicants accepted for admission are required to submit a satisfactory physical examination report to the university student health service within two weeks following notification of acceptance.

All applicants must also complete, through student health service, an X-ray film of the chest and a successful vaccination against smallpox prior to registration.

2.4(2) *Advanced standing.* Applications for admission with advanced standing are handled as individual cases.

ITEM 3. Amend rule 681—2.7(262) as follows:

681—2.7(262) College of law.

2.7(1) *Application for admission.*

a. Address Applicants shall address all inquiries concerning admission to the Director of Admissions, University of Iowa, Iowa City, Iowa. Beginning students may enter the college of law only in the summer session or the fall semester. ~~Closing dates for receiving~~ The closing date for receipt of applications will be announced well in advance of the opening date of any session the semester.

To be considered for admission, an applicant should have attained a cumulative grade-point average of at least 2.3 on all college work undertaken. The grade-point average is based upon the University of Iowa's marking system in which a grade of "A" is equivalent to four points. Other marking systems will be evaluated by the office of admissions.

b. Applicants for admission must present a baccalaureate degree from an approved college or university prior to commencing work in admission to the college of law.

~~Each applicant for admission must take the Law School Admission Test administered by the Educational Testing Service, Princeton, New Jersey, and have the score forwarded to the college of law. The test is given several times per year and may be taken at numerous locations in the United States and throughout the world. Applicants are urged to take the test in the fall or winter preceding the fall semester for which they are making application. Except upon a showing acceptable to it, the admissions committee will not consider applications from students who fail to take the test prior to the June 1 preceding the fall semester in which they wish to enter.~~

2.7(2) *Requirements for admission.* Requirements for admission are outlined in the University of Iowa General Catalog. Fulfillment of the specific requirements for admission ~~listed above~~ does not ensure admission to the college of law. From the applicants meeting who meet the minimum requirements, the admissions committee of the college of law will select those applicants who, in ~~their~~ the committee's judgment, appear to be best qualified for the study and practice of law. The college of law admissions committee may require personal interviews of applicants.

2.7(2) *Admission with advanced standing.* A transfer student may be eligible for admission if the student *(a)* has attended a school approved by the Association of American Law Schools; *(b)* is in good standing at the time of withdrawal (evidenced by a letter from the dean of the school from which transferring); *(c)* meets the admission requirements for beginning students; and *(d)* has done substantially

REGENTS BOARD[681](cont'd)

~~above average work in the law school the student attended. Where an applicant has completed more than one year of law study, advanced standing will be permitted only in exceptional cases. Applicants for admission with advanced standing should comply with the procedures required for admission to the first year class.~~

ITEM 4. Amend rule 681—2.8(262) as follows:

681—2.8(262) College of medicine.

2.8(1) Application for admission.

~~a. Address Applicants shall address all inquiries regarding admission to the Director of Admissions, Roy J. and Lucille A. Carver College of Medicine, University of Iowa.~~

~~b. Applicants are urged to apply as early as possible, since this will in order to give the admissions committee more time to devote to each application. Closing dates for receiving The closing date for receipt of applications will be announced well in advance of the opening date of any session term.~~

2.8(2) Requirements for admission.

~~a. Requirements for admission are outlined in the University of Iowa General Catalog. Fulfillment of the specific requirements for admission listed below does not ensure admission to the college of medicine. From the applicants meeting who meet the specific requirements, the admissions committee of the college of medicine will select those applicants who in their the committee's judgment appear to be best qualified for the study and practice of medicine.~~

~~b. Applicants for admission to the Carver College of Medicine (CCOM) must be U.S. citizens or documented permanent residents or asylees of the U.S. and have received baccalaureate degrees (or be in degree programs with expectations of receiving the degree) prior to enrollment.~~

~~c. Prior to entrance an An applicant must: complete a baccalaureate degree and all prerequisite courses before matriculation to the college of medicine.~~

~~a. Have received the baccalaureate degree; or~~

~~b. Have completed three years of a combined baccalaureate-medicine curriculum which qualifies the applicant to receive the baccalaureate degree on completion of the first year in medicine; or~~

~~c. Have completed three years of a baccalaureate program which includes the general graduation requirements of the college of liberal arts of the University of Iowa for the combined baccalaureate degree.~~

~~Each applicant must place on file in the office of the director of admissions the completed application form and an official transcript from each college attended.~~

~~The college work as outlined below will suffice to meet the minimal academic requirements for admission to the college of medicine.~~

~~Applicants who have completed the baccalaureate degree and required courses five or more years prior to seeking admission to this college of medicine will be considered by the admissions committee only under exceptional conditions.~~

~~The college curriculum must include at least three years (equivalent to 96 semester hours) including specific required science courses as prescribed by the faculty of the college.~~

~~Students planning to study medicine should bear in mind that other college work is required in addition to prerequisite sciences because it offers an opportunity to secure a well-rounded education, which is of special importance to those entering the medical profession. In the selection of applicants, preference will be given to those who give evidence of having obtained such a broad education.~~

~~To be considered for admission, an applicant must have attained a grade point average of at least 2.5 for all college work undertaken. As the quality of work in premedical science is very basic to success in medicine, special attention will be given by the admissions committee to grades in science. The grade point average is based upon the University of Iowa's marking system in which a grade of "A" is equivalent to 4 points. Other marking systems will be evaluated by the office of admissions and the committee on admissions of the college of medicine.~~

~~d. Preference will be given to applicants with high scholastic standing who are residents of Iowa, and consideration will also be given to outstanding nonresidents. Applicants for admission are required to take the medical college admissions test which is administered for the Association of American Medical~~

REGENTS BOARD[681](cont'd)

Colleges. Applicants are requested to complete this test in May or October of the year preceding that for which they are applying for admission. Students may make arrangements to apply for this examination through the university examination service, the University of Iowa.

Personal interviews will be required. Applicants will be contacted for the appointment for required interviews.

Applicants accepted for admissions are required to submit a satisfactory physical examination report to the university student health service within two weeks following notification of acceptance.

All applicants must also complete, through student health service, an X-ray film of the chest and successful vaccination against smallpox prior to registration.

e. Prior to the beginning of classes, entering health sciences students are required to have an annual tuberculin skin test (TST) and proof of immunization against mumps, measles and rubella (2 MMRs) and tetanus, diphtheria and varicella. The usual regimen of three doses of Hepatitis B vaccine and a Hepatitis B titre must be completed by the second semester of the first year.

f. All students are required to have hospitalization and health insurance.

~~2.8(2) Admission to advanced standing.~~ If their work preparatory to entering a college of medicine would have met entrance requirements of this college, students from other approved medical colleges may be admitted to advanced standing according to the following conditions:

Only applicants of high scholastic standing will be considered.

They must present certificates showing that they have satisfactorily completed courses equivalent to those already pursued by the class they wish to enter.

The committee on admission to advanced standing will decide in each case whether examinations in the various subjects will be required.

Applications will be considered only upon receipt of a statement from the dean or registrar of the college from which the applicant comes, showing the actual amount of time the student has spent in the study of medicine, the courses taken, and the grades received, together with a statement of the work preparatory to entering upon the course in medicine.

No advanced standing will be granted to students from other than approved medical schools. Students may be granted subject credit upon recommendation of the head of the department concerned, for work taken in other than medical schools.

~~2.8(3) Unclassified students.~~ Applicants for admission to the college of medicine who are not candidates for a degree but who desire to register for special subjects, will be admitted to any lecture or laboratory course only upon complying with all the regular requirements for admission to such course or by action of the faculty upon recommendation of the professor in charge of the course.

ITEM 5. Amend rule 681—2.9(262) as follows:

681—2.9(262) College of nursing.

~~2.9(1) Application for admission.~~ Applications for admission to the college of nursing shall be submitted to the Director of Admissions, University of Iowa, Iowa City, Iowa. Applicants for admission to the undergraduate program in nursing must present a minimum of 30 semester hours completed in an accredited college. For admission to the college of nursing an applicant must have:

1. Completed specific coursework as prescribed by the faculty of the college. The director of admissions will provide a list of the coursework required.

2. Completed the American College Tests.

3. Performed satisfactorily on all courses undertaken.

Applications from students who have minor deficiencies in meeting grade-point requirements specified above will be reviewed by the admissions committee of the college, and, upon favorable recommendation of the committee, such students may be granted conditional or probationary admissions.

2.9(2) Requirements for admission.

a. Requirements for admission are outlined in the University of Iowa General Catalog. Fulfillment of the minimum requirements listed above, however, does not ensure admission to the college of nursing.

REGENTS BOARD[681](cont'd)

From those applicants who meet the minimum requirements, the admissions committee will select the applicants who, in ~~their~~ the committee's judgment, appear to be best qualified.

b. Prior to the beginning of classes, entering health sciences students are required to have an annual tuberculin skin test (TST) and proof of immunization against mumps, measles and rubella (2 MMRs) and tetanus, diphtheria and varicella. The usual regimen of three doses of Hepatitis B vaccine and a Hepatitis B titre must be completed by the second semester of the first year.

c. All students are required to have hospitalization and health insurance.

ITEM 6. Rescind rule 681—2.10(262) and adopt the following new rule in lieu thereof:

681—2.10(262) College of pharmacy.

2.10(1) Application for admission.

a. All application material must be received by December 1 of the year prior to expected matriculation.

b. Applications are accepted through the online PharmCAS Centralized Pharmacy Application Service. A supplemental application is also required. Each applicant for admission must take the Pharmacy College Admission Test. The admissions committee will not consider applications from students who fail to take the test prior to December 31 of the year preceding the fall semester in which they wish to enter.

c. A personal interview is also required. Applicants will be contacted for the appointment for required interviews.

2.10(2) Requirements for admission.

a. Requirements for admission are outlined in the University of Iowa General Catalog. Fulfillment of the specific requirements for admission does not ensure admission to the college of pharmacy. From the applicants who meet the minimum requirements, the admissions committee will select those applicants who, in the committee's judgment, appear to be best qualified for the study and practice of pharmacy.

b. Prior to the beginning of classes, entering health sciences students are required to have an annual tuberculin skin test (TST) and proof of immunization against mumps, measles, and rubella (2 MMRs) and tetanus, diphtheria, and varicella. The usual regimen of three doses of Hepatitis B vaccine and a Hepatitis B titre must be completed by the second semester of the first year.

c. All students are required to have hospitalization and health insurance.

ITEM 7. Amend rule 681—2.11(262) as follows:

681—2.11(262) College of liberal arts and sciences. Applicants for admission to the college of liberal arts and sciences must meet the rules that are common to the three state institutions in Iowa as listed in rules 681—1.1(262), 681—1.2(262) and 681—1.3(262).

ITEM 8. Amend rule 681—2.12(262) as follows:

681—2.12(262) College of education. Students at the university ~~desiring~~ who desire professional work in education are registered in the college of liberal arts and sciences or the graduate college. Requirements for permission to take teacher-training courses are listed in the ~~university catalogue~~ University of Iowa General Catalog.

ITEM 9. Adopt the following new implementation sentence following rule 681—2.12(262):

These rules are intended to implement Iowa Code section 262.9(3).

ITEM 10. Rescind rule 681—2.25(262) and adopt the following new rule in lieu thereof:

681—2.25(262) Admission policies for undergraduate students. Undergraduate applicants must submit applications for admission and other supporting materials as detailed in rules 681—1.1(262) to 681—1.3(262). Students must receive notification of admission from the director of admissions before the students may register for classes.

REGENTS BOARD[681](cont'd)

2.25(1) Direct from high school. In addition to the admission requirements detailed in rule 681—1.1(262), direct-from-high-school applicants must also satisfy the minimum high school course requirements as approved by university faculty.

2.25(2) Transfer from another institution. In addition to the admission requirements detailed in rules 681—1.2(262) and 681—1.3(262), admission of transfer applicants will be based upon the applicants' cumulative grade point averages for all transferable courses attempted prior to the applicants' entering Iowa State University.

2.25(3) Student misconduct. Prior misconduct of applicants is a permissible consideration in the admission decision. Therefore, applicants may be required to disclose prior academic disciplinary and criminal history information as a part of the application process. The existence of prior academic disciplinary or criminal history information shall not automatically result in denial of admission, but admission may be denied if the director of admissions determines that an applicant's prior misconduct suggests a significant safety risk to the campus community or the likelihood of serious disruption to the academic environment if the applicant were to be admitted. Failure to disclose prior academic disciplinary and criminal history information may result in dismissal.

ITEM 11. Amend rule 681—2.26(262) as follows:

681—2.26(262) College of veterinary medicine.

2.26(1) Introduction. The basic admissions requirements of the college of veterinary medicine are included in this rule. For the most current information regarding applications and admission to the college of veterinary medicine, please applicants should refer to the college of veterinary medicine's Web site at www.vetmed.iastate.edu.

2.26(2) Academic requirements. Applicants for admission to the college of veterinary medicine must demonstrate that they have accomplished the following minimum academic requirements:

- a. Earned at least 60 semester credits from accredited colleges or universities by the end of the spring term of the year in which the applicant seeks to be admitted admission is sought.
- b. Completed the prerequisite coursework as determined by the faculty of the college of veterinary medicine by the deadlines determined by the admissions committee of the college of veterinary medicine.
- c. Attained an undergraduate cumulative grade point average (GPA) of at least 2.50 on a 4.00 scale.
- d. Taken the Graduate Record Examination (GRE).

2.26(3) Student misconduct. Prior misconduct of applicants is a permissible consideration in the admission decision. Therefore, applicants may be required to disclose prior academic disciplinary and criminal history information as a part of the application process. The existence of prior academic disciplinary or criminal history information shall not automatically result in denial of admission, but admission may be denied if the dean determines that an applicant's prior misconduct suggests a significant safety risk to the campus community or the likelihood of serious disruption to the academic environment if the applicant were to be admitted. Failure to disclose prior academic disciplinary and criminal history information may result in dismissal.

2.26(3) 2.26(4) Application process. All inquiries regarding admission to the college of veterinary medicine should be directed to the Coordinator of Admissions, College of Veterinary Medicine, Iowa State University of Science and Technology, 1600 S. 16th Street, Ames, Iowa 50011-1250. The application process includes the following:

- a. Applicants must apply using the Veterinary Medical College Application Service (VMCAS) applications (see www.aavmc.org).
- b. In addition to the VMCAS application, applicants must also ~~need to~~ complete any additional supplemental application as required by the admissions committee of the college of veterinary medicine.
- c. Transcripts from all postsecondary institutions attended must be submitted to the coordinator of admissions at the address listed above.
- d. A personal interview is required of all applicants.
- e. Applicants shall submit payment of the application fee approved by the board of regents under rule 681—1.7(262).

REGENTS BOARD[681](cont'd)

f. All application materials must be submitted by the deadlines determined annually by the admissions committee of the college of veterinary medicine.

~~2.26(4)~~ **2.26(5)** *Admission criteria.* Admission to the college of veterinary medicine is on a competitive and selective basis. The selection criteria shall be established by the admissions committee of the college of veterinary medicine. These criteria may include review by the admissions committee of an applicant's GPA; GRE; coursework rigor; personal statement; animal, veterinary and general work experiences; recommendations; and a required personal interview. ~~Completing~~ Fulfillment of the minimum academic requirements does not ensure admission. From the applicants who meet the minimum academic requirements, the ~~admission~~ admissions committee will select the applicants who in the judgment of the committee appear to be best qualified for the study and practice of veterinary medicine.

ITEM 12. Amend rule 681—2.27(262) as follows:

681—2.27(262) Graduate college.

2.27(1) *Admission.* Admission to the graduate college may be granted to a graduate of an institution in the United States ~~which~~ that is accredited by a recognized regional association or a graduate of a recognized institution in another country whose requirements for the bachelor's degree are substantially equivalent to those of Iowa State University. Further information pertaining to the application and admissions processes, including criteria for various admission categories, is available in the Iowa State University Graduate Handbook. For information concerning graduate study in a particular academic discipline, prospective students are invited to correspond with the ~~head of the department~~ director of graduate education of the program/major in which they wish to study.

Application forms are available at <http://www.admissions.iastate.edu/>. These forms, together with official transcripts, and the appropriate application fee as approved by the state board of regents pursuant to Iowa Code subsection 262.9(18) and detailed in rule 681—1.7(262) ~~and a statement of quartile rank,~~ should be forwarded to the Office of Admissions at least one month prior to the opening of the quarter semester/term in which the student wishes to matriculate. ~~If the undergraduate degree is from Iowa State University or if the student is applying for nondegree admission, no application fee is assessed.~~

2.27(2) *Graduate record examination.* The graduate record examination (GRE) is not a universitywide requirement for all applicants; however, some ~~departments~~ programs/majors require or recommend submission of GRE scores. Individual ~~departmental~~ program/major statements appearing in the university's catalog should be consulted for this information.

~~2.27(3)~~ *Full admission.* ~~Applicants who are graduates of a regionally accredited institution in the United States or of a recognized institution of another country whose requirements for the bachelor's degree are substantially equivalent to those of Iowa State University, and who rank in the upper one-half of their class, may be admitted to the graduate college if recommended by the department and approved by the dean of the graduate college. Admission does not constitute acceptance as a candidate for a degree.~~

~~2.27(4)~~ *Provisional admission.* ~~Applicants who are graduates of a regionally accredited college or university in the United States or of a recognized institution in another country whose requirements for the bachelor's degree are substantially equivalent to those at Iowa State University, and who rank in the upper one-half of their class, but who have certain background deficiencies to remedy, may be admitted to the graduate college on provisional admission if recommended by the department and approved by the dean of the graduate college. Students accepted on provisional admission are eligible for graduate assistantships. Transfer from provisional admission to full admission requires recommendation of the major professor and approval by the graduate college.~~

~~2.27(5)~~ *Restricted admission.* ~~Restricted admission may be granted to persons who are graduates of regionally accredited universities or colleges of the United States who do not rank in the upper one-half of their class and to graduates of foreign institutions. This status requires the recommendation of the major department and approval of the dean of the graduate college. Transfer from restricted to full admission usually requires completion of at least 15 hours of graduate level courses with a grade average of B or above. The recommendation must be submitted by the student's major professor and approved by the dean of the graduate college.~~

REGENTS BOARD[681](cont'd)

~~2.27(6) *Nondegree admission.* Rescinded IAB 10/13/04, effective 9/24/04.~~

2.27(3) *Student misconduct.* Prior misconduct of applicants is a permissible consideration in the admission decision. Therefore, applicants may be required to disclose prior academic disciplinary and criminal history information as a part of the application process. The existence of prior academic disciplinary or criminal history information shall not automatically result in denial of admission, but admission may be denied if the dean of the graduate college or the dean's designee determines that an applicant's prior misconduct suggests a significant safety risk to the campus community or the likelihood of serious disruption to the academic environment if the applicant were to be admitted. Failure to disclose prior academic disciplinary and criminal history information may result in dismissal.

ITEM 13. Adopt the following **new** implementation sentence following rule 681—2.27(262):

These rules are intended to implement Iowa Code section 262.9(3).

ITEM 14. Amend rule 681—2.35(262) as follows:

681—2.35(262) Admission policies for undergraduate students. A student must have filed an application for admission with the required transcripts and other supporting material, have met all conditions named in 681—Chapter 1 of regents board rules, and have been issued an admissions statement by the director of admissions and registrar before being permitted to register in the college at the university. In ~~considering~~ the review of an application, consideration is given by the admissions committee to scholarship, health, character, and personality the student's academic preparation for collegiate coursework. Individual students may be required ~~by the committee on admission and retention~~ to come to the campus for interview(s) and tests. Those students who do not give reasonable promise of success as college students may be denied.

ITEM 15. Amend rule 681—2.37(262) as follows:

681—2.37(262) Teaching curricula. Application for approval in a teacher education program may be filed after a student has earned at least 24 semester hours of credit. The student must pass such tests and meet such other standards as may be prescribed by a teacher education committee. ~~For full approval, a student must have at least a 2.20 grade index at this college.~~ Requirements for approval are listed in the university catalog. The committee may grant provisional approval for students in exceptional cases, but may not grant full approval until all standards have been met. Normally a student will be expected to meet full approval by the beginning of the junior year if the student wishes to complete requirements in the minimum time. Transfer students cannot earn full approval before the end of the first semester in which they are enrolled at University of Northern Iowa.

~~A Upon admission to the college, a student may, at the time of admission to the college, declare an intent to enter a teaching program and may be assigned a teacher adviser from the student's first enrollment.~~ The college must give special consideration to scholarship, ~~health,~~ character, personality, and quality of potential leadership of an applicant for a teaching curriculum. [Amendment filed and indexed November 21, 1961]

ITEM 16. Amend rule 681—2.38(262) as follows:

681—2.38(262) Admission requirements for graduate students. Graduates of a college or university accredited by the National Council for the ~~Accrediting~~ Accreditation of Teacher Education or by the North Central Association of Colleges and Secondary Schools or a corresponding regional agency will be granted admission to graduate study ~~if their the graduates' applications for admission have been approved by the registrar program faculty and graduate college.~~

A graduate of a college or university that is not accredited may be granted conditional admission at the discretion of the ~~registrar program faculty and graduate college.~~

Admission to graduate study does not guarantee admission to candidacy for an advanced degree.

ITEM 17. Adopt the following **new** implementation sentence following rule 681—2.38(262):

These rules are intended to implement Iowa Code section 262.9(3).

ARC 0232C**REVENUE DEPARTMENT[701]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 421.14 and 422.68, the Department of Revenue hereby gives Notice of Intended Action to amend Chapter 40, “Determination of Net Income,” Chapter 42, “Adjustments to Computed Tax and Tax Credits,” Chapter 43, “Assessments and Refunds,” Chapter 46, “Withholding,” Chapter 49, “Estimated Income Tax for Individuals,” Chapter 52, “Filing Returns, Payment of Tax, Penalty and Interest, and Tax Credits,” Chapter 53, “Determination of Net Income,” Chapter 55, “Assessments, Refunds, Appeals,” Chapter 56, “Estimated Tax for Corporations,” Chapter 57, “Administration,” Chapter 59, “Determination of Net Income,” Chapter 60, “Assessments, Refunds, Appeals,” and Chapter 61, “Estimated Tax for Financial Institutions,” Iowa Administrative Code.

These amendments are proposed as a result of 2012 Iowa Acts, House File 2150, and 2012 Iowa Acts, Senate Files 2038, 2097, 2202, 2212, 2247, 2325 and 2328.

Item 1 amends rule 701—40.9(422) to reference the updated name of the federal alcohol and cellulosic biofuel fuels credit for which a deduction is allowed for Iowa individual income tax.

Items 2 and 3 amend subrule 40.21(3) and the implementation sentence for rule 701—40.21(422) to replace the phrase “mental retardation” with “intellectual disability” related to the deduction available for Iowa individual income tax for businesses that hire certain individuals.

Item 4 amends rule 701—40.58(422) to reflect statutory wording changes related to the exclusion of distributions from retirement plans by national guard members and members of military reserve forces of the United States for Iowa individual income tax.

Item 5 amends rule 701—40.72(422) to provide that the exclusion of Vietnam Conflict veterans bonuses from Iowa individual income tax does not apply for tax periods beginning on or after January 1, 2013, due to the repeal by the legislature of this provision.

Items 6 and 7 amend subrule 42.11(3) and the implementation sentence for rule 701—42.11(15,422) to update the date for which Iowa is coupled with federal changes to the credit for increasing research activities which is the basis for the Iowa credit for increasing research activities for Iowa individual income tax.

Item 8 amends subrule 42.15(1) to provide additional clarification on how the Iowa child and dependent care credit for Iowa individual income tax is computed.

Item 9 rescinds and reserves subrule 43.3(14) and Item 10 amends the implementation sentence for rule 701—43.3(422) to reflect the repeal of an obsolete refund provision for Iowa individual income tax that affected the 1997 tax year only.

Item 11 updates the implementation sentence for rule 701—43.4(68A,422,456A) which provides that there is no change in the four tax checkoffs that are available for Iowa individual income tax for the 2012 and 2013 tax years.

Item 12 amends rule 701—46.8(260E) to provide that employees for whom the new jobs credit from withholding can be claimed shall not include residents of Illinois who are not subject to Iowa withholding tax due to the Iowa-Illinois reciprocal tax agreement.

Item 13 amends subrule 49.1(2) to change the method of allocating joint estimated payments made by married taxpayers if these taxpayers later elect to file separate returns or to file separately on a combined form for Iowa individual income tax.

Items 14 and 15 amend subrule 52.3(2) and the implementation sentence for rule 701—52.3(422) to provide that domestic corporations incorporated in Iowa must attach a copy of their federal corporation

REVENUE DEPARTMENT[701](cont'd)

income tax return with the filing of their Iowa corporation income tax return. This change conforms to current Department practice.

Items 16 and 17 amend subrule 52.7(3) and the implementation sentence for rule 701—52.7(422) to update the date for which Iowa is coupled with federal changes to the credit for increasing research activities which is the basis for the Iowa credit for increasing research activities for Iowa corporation income tax. This change is similar to the change in Items 6 and 7.

Item 18 amends rule 701—53.10(422) to reference the updated name of the federal alcohol and cellulosic biofuel fuels credit for which a deduction is allowed for Iowa corporation income tax. This change is similar to the change in Item 1.

Items 19 and 20 amend subrule 53.11(3) and the implementation sentence for rule 701—53.11(422) to replace the phrase “mental retardation” with “intellectual disability” related to the deduction available for Iowa corporation income tax for businesses that hire certain individuals. This change is similar to the change in Items 2 and 3.

Item 21 rescinds and reserves subrule 55.3(6) and Item 22 amends the implementation sentence for rule 701—55.3(422) to reflect the repeal of an obsolete refund provision for Iowa corporation income tax that affected the 1997 tax year only. This change is similar to the change in Items 9 and 10.

Items 23 and 24 amend subrule 56.5(2) and the implementation sentence for rule 701—56.5(422) to provide for a change in the annualized income exception to the underpayment of estimated tax penalty for Iowa corporation income tax.

Items 25 and 26 amend subrule 57.1(2) and the implementation sentence for rule 701—57.1(422) to amend the definition of a financial institution for Iowa franchise tax.

Items 27 and 28 amend subrule 59.8(3) and the implementation sentence for rule 701—59.8(422) to replace the phrase “mental retardation” with “intellectual disability” related to the deduction available for Iowa franchise tax for financial institutions that hire certain individuals. This change is similar to the change in Items 2 and 3.

Item 29 rescinds and reserves subrule 60.3(6) and Item 30 amends the implementation sentence for rule 701—60.3(422) to reflect the repeal of an obsolete refund provision for Iowa franchise tax that affected the 1997 tax year only. This change is similar to the change in Items 9 and 10.

Items 31 and 32 amend subrule 61.5(2) and the implementation sentence for rule 701—61.5(422) to provide for a change in the annualized income exception to the underpayment of estimated tax penalty for Iowa franchise tax. This change is similar to the change in Items 23 and 24.

The proposed amendments will not necessitate additional expenditures by political subdivisions or agencies and entities which contract with political subdivisions.

Any person who believes that the application of the discretionary provisions of these amendments would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any.

The Department has determined that these proposed amendments may have an impact on small business. The Department has considered the factors listed in Iowa Code section 17A.4A. The Department will issue a regulatory analysis as provided in Iowa Code section 17A.4A if a written request is filed by delivery or by mailing postmarked no later than August 27, 2012, to the Policy Section, Policy and Communications Division, Department of Revenue, Hoover State Office Building, P.O. Box 10457, Des Moines, Iowa 50306. The request may be made by the Administrative Rules Review Committee, the Administrative Rules Coordinator, at least 25 persons signing that request who each qualify as a small business or an organization representing at least 25 such persons.

Any interested person may make written suggestions or comments on these proposed amendments on or before August 14, 2012. Such written comments should be directed to the Policy Section, Policy and Communications Division, Department of Revenue, Hoover State Office Building, P.O. Box 10457, Des Moines, Iowa 50306. Persons who want to convey their views orally should contact the Policy Section, Policy and Communications Division, Department of Revenue, at (515)281-8450 or at the Department of Revenue offices on the fourth floor of the Hoover State Office Building, Des Moines Iowa.

Requests for a public hearing must be received by August 14, 2012.

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

REVENUE DEPARTMENT[701](cont'd)

These amendments are intended to implement 2011 Iowa Code Supplement sections 422.10 and 422.33 as amended by 2012 Iowa Acts, House File 2150; 2011 Iowa Code Supplement section 422.7 as amended by 2012 Iowa Acts, Senate Files 2038, 2097, 2247 and 2328; Iowa Code section 422.61 as amended by 2012 Iowa Acts, Senate File 2202; Iowa Code section 260E.2 as amended by 2012 Iowa Acts, Senate File 2212; 2011 Iowa Code Supplement section 422.35 as amended by 2012 Iowa Acts, Senate Files 2247 and 2328; Iowa Code sections 422.36 and 422.73; 2011 Iowa Code Supplement section 422.89 as amended by 2012 Iowa Acts, Senate File 2328; and 2012 Iowa Acts, Senate File 2325.

The following amendments are proposed.

ITEM 1. Amend rule 701—40.9(422) as follows:

701—40.9(422) Work opportunity tax credit and alcohol fuel and cellulosic biofuel fuels credit. Where an individual claims the work opportunity tax credit under Section 51 of the Internal Revenue Code or the alcohol ~~fuel and cellulosic biofuel fuels~~ credit under Section 40 of the Internal Revenue Code, the amount of credit allowable must be used to increase federal taxable income. The amount of credit allowable used to increase federal adjusted gross income is deductible in determining Iowa net income. The work opportunity tax credit applies to eligible individuals who begin work after ~~September 30, 1996, and before September 1, 2011~~ January 1, 2012. The adjustment for the alcohol ~~fuel and cellulosic biofuel fuels~~ credit is applicable for tax years beginning on or after January 1, 1980.

This rule is intended to implement 2011 Iowa Code Supplement section 422.7 as amended by 2012 Iowa Acts, Senate File 2328.

ITEM 2. Amend paragraph **40.21(3)“b”** as follows:

b. The term “physical or mental impairment” means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin and endocrine; or any mental or psychological disorder, such as ~~mental retardation~~ intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

ITEM 3. Amend rule **701—40.21(422)**, implementation sentence, as follows:

This rule is intended to implement 2011 Iowa Code Supplement section 422.7 as amended by 2004 2012 Iowa Acts, House Files 287 and 759 Senate File 2247.

ITEM 4. Amend rule 701—40.58(422) as follows:

701—40.58(422) Exclusion of distributions from retirement plans by national guard members and members of military reserve forces of the United States. For tax years beginning on or after January 1, 2002, members of the Iowa national guard or members of military reserve forces of the United States who are ordered to ~~state military service~~ national guard duty or federal ~~service or active duty~~ are not subject to Iowa income tax on the amount of distributions received during the tax year from qualified retirement plans of the members to the extent the distributions were taxable for federal income tax purposes. In addition, the members are not subject to state penalties on the distributions even though the members may have been subject to federal penalties on the distributions for early withdrawal of benefits. Because the distributions described above are not taxable for Iowa income tax purposes, a national guard member or armed forces reserve member who receives a distribution from a qualified retirement plan may request that the payer of the distribution not withhold Iowa income tax from the distribution.

This rule is intended to implement 2011 Iowa Code Supplement section 422.7 as amended by 2004 2012 Iowa Acts, House Senate File 2208 2097.

ITEM 5. Amend rule 701—40.72(422) as follows:

701—40.72(422) Exclusion of Vietnam Conflict veterans bonus.

40.72(1) For tax years beginning on or after January 1, 2007, but before January 1, 2013, a taxpayer who received a bonus under the Vietnam Conflict veterans bonus program may subtract, to the extent included in federal adjusted gross income, the amount of the bonus received. The Vietnam Conflict

REVENUE DEPARTMENT[701](cont'd)

veterans bonus is administered by the Iowa department of veterans affairs, and bonuses of up to \$500 are awarded to residents of Iowa who served on active duty in the armed forces of the United States between July 1, 1973, and May 31, 1975.

40.72(2) For tax years beginning on or after January 1, 2008, but before January 1, 2013, a taxpayer who received a bonus under the Vietnam Conflict veterans bonus program may subtract, to the extent included in federal adjusted gross income, the amount of the bonus received. The Vietnam Conflict veterans bonus is administered by the Iowa department of veterans affairs. Bonuses of up to \$500 are awarded to veterans who were inducted into active duty service from the state of Iowa, who served on active duty in the United States armed forces ~~from~~ between July 1, 1958, through May 31, 1975, and who have not received a bonus for that service from Iowa or another state.

This rule is intended to implement 2011 Iowa Code Supplement section 422.7 as amended by ~~2008 2012~~ Iowa Acts, ~~House~~ Senate File ~~2283~~ 2038.

ITEM 6. Amend paragraph **42.11(3)“d”** as follows:

d. For purposes of this subrule, the terms “base amount,” “basic research payment,” and “qualified research expense” mean the same as defined for the federal credit for increasing research activities under Section 41 of the Internal Revenue Code, except that, for purposes of the alternative incremental credit described in paragraph 42.11(3)“*b*” and the alternative simplified credit described in paragraph 42.11(3)“*c*,” such amounts are limited to research activities conducted within this state. For purposes of this subrule, “Internal Revenue Code” means the Internal Revenue Code in effect on January 1, ~~2011~~ 2012.

ITEM 7. Amend rule **701—42.11(15,422)**, implementation sentence, as follows:

This rule is intended to implement 2011 Iowa Code Supplement sections 15.335 and 422.10 as amended by ~~2011~~ 2012 Iowa Acts, ~~Senate~~ House File ~~512~~ 2150.

ITEM 8. Amend subrule **42.15(1)**, introductory paragraph, as follows:

42.15(1) *Computation of the Iowa child and dependent care credit.* The Iowa child and dependent care credit is computed as a percentage of the child and dependent care credit which is allowed for federal income tax purposes under Section 21 of the Internal Revenue Code. For taxpayers whose federal child and dependent care credit is limited to their federal tax liability, the Iowa credit shall be computed based on the lesser amount. The credit is computed so that taxpayers with lower adjusted gross incomes (net incomes in tax years beginning on or after January 1, 1991) are allowed higher percentages of their federal child care credit than taxpayers with higher adjusted gross incomes (net incomes). The following is a schedule showing the percentages of federal child and dependent care credits allowed on the taxpayers' Iowa returns on the basis of the federal adjusted gross incomes (or net incomes) of the taxpayers for tax years beginning on or after January 1, 1993.

ITEM 9. Rescind and reserve subrule **43.3(14)**.

ITEM 10. Amend rule **701—43.3(422)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code ~~section~~ sections 421.17, ~~as amended by 2003 Iowa Acts, House File 534, and sections 422.2; and 422.16; and section 422.73~~ as amended by 2012 Iowa Acts, Senate File 2328.

ITEM 11. Amend rule **701—43.4(68A,422,456A)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code sections 422.12D, 422.12E, and 422.12H and ~~2010 Iowa Acts, House File 2531, division XII~~ 2012 Iowa Acts, Senate File 2325.

ITEM 12. Amend rule 701—46.8(260E) as follows:

701—46.8(260E) New job tax credit from withholding. The Iowa industrial new jobs training program is a program administered by the ~~Iowa department of economic development~~ authority for projects established by a community college for the creation of jobs by providing education and training of workers for new jobs for new or expanding industries. For employers that have entered into an agreement with a community college under Iowa Code chapter 260E, a credit equal to 1.5 percent of the wages paid by the employer to each employee covered by the agreement can be taken on the Iowa withholding

REVENUE DEPARTMENT[701](cont'd)

tax return. If the amount of withholding by the employer is less than 1.5 percent of the wages paid to the employees covered by the agreement, the employer can take the remaining credit against Iowa tax withheld for other employees. An employee does not include a resident of Illinois who earns wages in Iowa since these employees are not subject to Iowa withholding tax in accordance with the Iowa-Illinois reciprocal tax agreement discussed in 701—subrule 38.13(1). The administrative rules for the Iowa industrial new jobs training program administered by the ~~Iowa department of~~ economic development authority may be found in 261—Chapter 5.

This rule is intended to implement Iowa Code section 260E.2 as amended by 2012 Iowa Acts, Senate File 2212, and section 260E.5.

ITEM 13. Amend subrule 49.1(2) as follows:

49.1(2) *Joint estimate payments by married taxpayers.* A husband and wife may make a joint estimate tax payment on one form as if they were one taxpayer. If a joint estimate payment is made, but the husband and wife elect to file separate returns or separately on the combined return form, the estimate tax paid for the tax year by the husband and wife ~~may~~ shall be allocated between the spouses on their returns ~~as the taxpayers choose~~ in the proportion that each spouse's net income not subject to withholding tax relates to the combined net income of both spouses not subject to withholding tax.

ITEM 14. Amend subrule **52.3(2)**, introductory paragraph, as follows:

52.3(2) *Form for filing—domestic corporations.* A domestic corporation, as defined by Iowa Code subsection 422.32(5), is required to file a complete Iowa return for each year of its existence regardless of whether the corporation has income, loss, or inactivity. For tax periods beginning on or after January 1, 1999, domestic corporations are required to file a complete Iowa return only if they are doing business in Iowa, or deriving income from sources within Iowa. ~~However, the corporation may substitute a copy of the true and accurate federal income tax return as filed with the Internal Revenue Service in lieu of certain Iowa return schedules. This substitution is optional, but in all instances a detailed computation of the federal tax liability actually due the federal government shall be required as a part of the Iowa return. The Iowa schedules subject to the substitution provision are: income statement, balance sheet, reconciliation of income per books with income per return and analysis of unappropriated retained earnings per books.~~ For tax periods beginning on or after July 1, 2012, domestic corporations must also include a true and accurate copy of their federal corporation income tax return as filed with the Internal Revenue Service with the filing of their Iowa return. At a minimum this return includes the following federal schedules: income statement, balance sheet, reconciliation of income per books with income per return, analysis of unappropriated retained earnings per books, dividend income and special deductions, cost of goods sold, capital gains, tax computation and tax deposits, alternative minimum tax computation, and statements detailing other income and other deductions.

ITEM 15. Amend rule **701—52.3(422)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code section 422.21 and section 422.36 as amended by 2012 Iowa Acts, Senate File 2328.

ITEM 16. Amend paragraph **52.7(3)“d”** as follows:

d. For purposes of this subrule, the terms “base amount,” “basic research payment,” and “qualified research expense” mean the same as defined for the federal credit for increasing research activities under Section 41 of the Internal Revenue Code, except that, for purposes of the alternative incremental credit described in paragraph 52.7(3)“*b*” and the alternative simplified credit described in paragraph 52.7(3)“*c*,” such amounts are limited to research activities conducted within this state. For purposes of this ~~rule~~ subrule, “Internal Revenue Code” means the Internal Revenue Code in effect on January 1, ~~2011~~ 2012.

ITEM 17. Amend rule **701—52.7(422)**, implementation sentence, as follows:

This rule is intended to implement 2011 Iowa Code Supplement section 422.33 as amended by ~~2011~~ 2012 Iowa Acts, Senate House File 512 2150.

REVENUE DEPARTMENT[701](cont'd)

ITEM 18. Amend rule 701—53.10(422) as follows:

701—53.10(422) Work opportunity tax and alcohol fuel and cellulosic biofuel fuels credit. Where provided for in the Internal Revenue Code, as detailed below, a deduction shall be allowed for the amount of credit to the extent that the credit increased federal ~~adjusted gross taxable~~ income.

53.10(1) For tax years beginning on or after January 1, 1977, the amount of credit allowable for federal work opportunity tax credit as provided for in Section 51 of the Internal Revenue Code shall be a deduction from Iowa taxable income to the extent the credit increased income.

53.10(2) For tax periods beginning on or after January 1, 1980, the amount of credit allowable for the federal alcohol and cellulosic biofuel fuels credit as provided for in Section 40 of the Internal Revenue Code shall be a deduction from Iowa taxable income to the extent the credit increased income.

This rule is intended to implement 2011 Iowa Code Supplement section 422.35 as amended by ~~1997~~ 2012 Iowa Acts, Senate File 429 2328.

ITEM 19. Amend paragraph **53.11(3)“b”** as follows:

b. The term “*physical or mental impairment*” means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin and endocrine; or any mental or psychological disorder, such as ~~mental retardation~~ intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

ITEM 20. Amend rule **701—53.11(422)**, implementation sentence, as follows:

This rule is intended to implement 2011 Iowa Code sections 46.1 and Supplement section 422.35 as amended by ~~2004~~ 2012 Iowa Acts, House Files 287 and 759 Senate File 2247.

ITEM 21. Rescind and reserve subrule **55.3(6)**.

ITEM 22. Amend rule **701—55.3(422)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code section 422.73 as amended by ~~1998~~ 2012 Iowa Acts, Senate File 2357 2328.

ITEM 23. Amend subparagraph **56.5(2)“a”(3)** as follows:

(3) ~~An~~ For tax years beginning prior to January 1, 2012, an amount equal to 90 percent of the tax determined by placing on an annual basis the net income for the first 3, 5, 6, 8, 9, or 11 months of the taxable year, whichever is applicable. For tax years beginning on or after January 1, 2012, an amount equal to 100 percent of the tax determined by placing on an annual basis the net income for the first 3, 5, 6, 8, 9, or 11 months of the taxable year, whichever is applicable. The net income so determined shall be placed on an annual basis by multiplying it by 12, and dividing the resulting amount by the number of months in the taxable year for which the net income was so determined.

ITEM 24. Amend rule **701—56.5(422)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code ~~sections~~ section 422.88 as amended by 1995 Iowa Acts, chapter 83, and 2011 Iowa Code Supplement section 422.89 and 422.90 as amended by 2012 Iowa Acts, Senate File 2328.

ITEM 25. Amend subrule 57.1(2) as follows:

57.1(2) ~~The term “financial institution” as used in division V of Iowa Code chapter 422 and in 701—Chapters 57 to 61 includes an Iowa chartered bank, a nationally chartered bank having its principal office in Iowa, a trust company, a federally chartered savings and loan association, a financial institution chartered by the federal home loan bank board, an association incorporated or authorized to do business under Iowa Code chapter 534 or a production credit association.~~

Effective June 1, 1989, the term “financial institutions institution” as used in division V of Iowa Code chapter 422 and in 701—Chapters 57 to 61 includes an Iowa chartered bank, a state bank chartered under the laws of any other state, a nationally chartered bank, a trust company, a federally chartered savings and loan association, a non-Iowa chartered savings bank, a financial institution chartered by the federal

REVENUE DEPARTMENT[701](cont'd)

home loan bank board, a non-Iowa chartered savings and loan association, an association incorporated or authorized to do business under Iowa Code chapter 534 or a production credit association.

Effective July 1, 2012, the term “financial institution” as used in division V of Iowa Code chapter 422 and in 701—Chapters 57 to 61 includes an Iowa chartered bank, a state bank chartered under the laws of any other state, a nationally chartered bank, a trust company, a federally chartered savings and loan association, a non-Iowa chartered savings bank, a financial institution chartered by the federal home loan bank board, a non-Iowa chartered savings and loan association or a production credit association.

Unincorporated privately held financial institutions are exempt from the franchise tax filing requirements.

ITEM 26. Amend rule **701—57.1(422)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code section 422.61 as amended by 2012 Iowa Acts, Senate File 2202.

ITEM 27. Amend paragraph **59.8(3)“b”** as follows:

b. The term “*physical or mental impairment*” means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin and endocrine; or any mental or psychological disorder, such as ~~mental retardation~~ intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

ITEM 28. Amend rule **701—59.8(422)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code ~~sections 16.1(36), 422.35 and 422.61~~ section 16.1 and 2011 Iowa Code Supplement section 422.35 as amended by 2012 Iowa Acts, Senate File 2247.

ITEM 29. Rescind and reserve subrule **60.3(6)**.

ITEM 30. Amend rule **701—60.3(422)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code ~~sections~~ section 422.66 and section 422.73 as amended by 1998 2012 Iowa Acts, Senate File 2357 2328.

ITEM 31. Amend subparagraph **61.5(2)“a”(3)** as follows:

(3) ~~An~~ For tax years beginning prior to January 1, 2012, an amount equal to 90 percent of the tax determined by placing on an annual basis the net income for the first 3, 5, 6, 8, 9, or 11 months of the taxable year, whichever is applicable. For tax years beginning on or after January 1, 2012, an amount equal to 100 percent of the tax determined by placing on an annual basis the net income for the first 3, 5, 6, 8, 9, or 11 months of the taxable year, whichever is applicable. The net income so determined shall be placed on an annual basis by multiplying it by 12, and dividing the resulting amount by the number of months in the taxable year for which the net income was so determined.

ITEM 32. Amend rule **701—61.5(422)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code ~~sections~~ section 422.88, and 2011 Iowa Code Supplement section 422.89 and 422.90 as amended by 2012 Iowa Acts, Senate File 2328.

TRANSPORTATION DEPARTMENT

Advisory Notice

Adjusted Bid Thresholds for City and County Highway, Bridge, and Culvert Construction, Reconstruction and Improvement Projects

Pursuant to the authority of Iowa Code section 314.1B, the Director of Transportation gives an advisory notice of adjusted bid thresholds for city and county highway, bridge, and culvert construction, reconstruction and improvement projects. The adjusted bid threshold values will become effective January 1, 2013.

TRANSPORTATION DEPARTMENT(cont'd)

The horizontal infrastructure bid threshold subcommittee, composed of three contractors, two county representatives, one city representative and the Director’s designee, held a meeting on June 12, 2012, to review bid thresholds. After a review of the construction price index, the subcommittee made the following three adjustments to bid thresholds for city and county highway, bridge, and culvert construction, reconstruction and improvement projects:

1. The county bid threshold in Iowa Code section 309.40 will be adjusted from \$87,000 to \$91,000 effective January 1, 2013.
2. The bid threshold in Iowa Code section 314.1, subsection 2, for cities with a population of 50,000 or less will be adjusted from \$47,000 to \$49,000 effective January 1, 2013.
3. The bid threshold in Iowa Code section 314.1, subsection 2, for cities with a population of more than 50,000 will be adjusted from \$67,000 to \$70,000 effective January 1, 2013.

All other bid thresholds for city and county highway, bridge, and culvert construction, reconstruction and improvement projects that are not addressed in this advisory notice will remain as currently stated in the appropriate Iowa Code sections.

TREASURER OF STATE

Notice—Public Funds Interest Rates

In compliance with Iowa Code chapter 74A and section 12C.6, the committee composed of Treasurer of State Michael L. Fitzgerald, Superintendent of Credit Unions JoAnn Johnson, Superintendent of Banking James M. Schipper, and Auditor of State David A. Vaudt have established today the following rates of interest for public obligations and special assessments. The usury rate for July is 3.75%.

INTEREST RATES FOR PUBLIC OBLIGATIONS AND ASSESSMENTS

74A.2 Unpaid Warrants	Maximum 6.0%
74A.4 Special Assessments	Maximum 9.0%

RECOMMENDED Rates for Public Obligations (74A.3) and School District Warrants (74A.7). A rate equal to 75% of the Federal Reserve monthly published indices for U.S. Government securities of comparable maturities. All Iowa Banks and Iowa Savings Associations as defined by Iowa Code section 12C.1 are eligible for public fund deposits as defined by Iowa Code section 12C.6A.

The rate of interest has been determined by a committee of the state of Iowa to be the minimum interest rate that shall be paid on public funds deposited in approved financial institutions. To be eligible to accept deposits of public funds of the state of Iowa, a financial institution shall demonstrate a commitment to serve the needs of the local community in which it is chartered to do business. These needs include credit services as well as deposit services. All such financial institutions are required to provide the committee with a written description of their commitment to provide credit services in the community. This statement is available for examination by citizens.

New official state interest rates, effective July 10, 2012, setting the minimums that may be paid by Iowa depositories on public funds are listed below.

TIME DEPOSITS

7-31 days	Minimum .05%
32-89 days	Minimum .05%
90-179 days	Minimum .05%
180-364 days	Minimum .05%
One year to 397 days	Minimum .05%
More than 397 days	Minimum .30%

TREASURER OF STATE(cont'd)

These are minimum rates only. The one year and less are four-tenths of a percent below average rates. Public body treasurers and their depositories may negotiate a higher rate according to money market rates and conditions.

Inquiries may be sent to Michael L. Fitzgerald, Treasurer of State, State Capitol, Des Moines, Iowa 50319.

ARC 0222C

WORKERS' COMPENSATION DIVISION[876]

Adopted and Filed Emergency

Pursuant to the authority of Iowa Code section 86.8, the Workers' Compensation Commissioner hereby amends Chapter 8, "Substantive and Interpretive Rules," Iowa Administrative Code.

This amendment updates references to the tables which determine payroll taxes.

In compliance with Iowa Code section 17A.4(3), the Workers' Compensation Commissioner finds that notice and public participation are unnecessary. Rule 876—8.8(85,17A) is noncontroversial and, further, Iowa Code section 85.61(6) requires adoption of current tables to determine payroll taxes by July 1 of each year. The Division must wait until the Internal Revenue Service and the Iowa Department of Revenue determine whether there will be changes in their publications on July 1 of the current year.

The Division also finds, pursuant to Iowa Code section 17A.5(2)"b"(2), that the normal effective date of this amendment, 35 days after publication, should be waived and the amendment made effective July 1, 2012, as it confers a benefit upon the public to ensure speedy and uniform compliance with the Division's legislative mandate.

The Division has determined that this amendment will not necessitate additional annual expenditures exceeding \$100,000 or combined expenditures exceeding \$500,000 within five years by all affected persons, including the agency. Therefore, no fiscal impact statement accompanies this rule making.

The Division has determined that this amendment will have no impact on small business within the meaning of Iowa Code section 17A.4A.

This amendment does not include a waiver provision because rule 876—12.4(17A) provides the specified situations for waiver of Workers' Compensation Division rules.

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

This amendment is intended to implement Iowa Code section 85.61(6).

This amendment became effective on July 1, 2012.

The following amendment is adopted.

Amend rule 876—8.8(85,17A) as follows:

876—8.8(85,17A) Payroll tax tables. Tables for determining payroll taxes to be used for the period July 1, ~~2011~~ 2012, through June 30, ~~2012~~ 2013, are the tables in effect on July 1, ~~2011~~ 2012, for computation of:

1. Federal income tax withholding according to the percentage method of withholding for weekly payroll period. (Internal Revenue Service, Employer's Supplemental Tax Guide, Publication 15-A [~~2011~~ 2012].)

2. Iowa Withholding Tax Guide. (Iowa Department of Revenue Iowa Withholding Tax Rate Tables [Effective April 1, 2006].)

3. Social Security and Medicare withholding (FICA) at the rate of 7.65 percent. (Internal Revenue Service, Circular E, Employer's Tax Guide, Publication 15 [~~2011~~ 2012].)

This rule is intended to implement Iowa Code section 85.61(6).

[Filed Emergency 6/29/12, effective 7/1/12]

[Published 7/25/12]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/25/12.

ARC 0230C

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]

Adopted and Filed

Pursuant to the authority of Iowa Code section 163.1(1), the Department of Agriculture and Land Stewardship hereby amends Chapter 61, “Dead Animal Disposal,” Chapter 64, “Infectious and Contagious Diseases,” and Chapter 65, “Animal and Livestock Importation,” Iowa Administrative Code.

The amendments update and modernize references to certain animal diseases by changing hog cholera to classical swine fever and changing paratuberculosis to Johne’s disease in accordance with 2012 Iowa Acts, Senate File 2311, divisions VI and VII, which became effective July 1, 2012.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0140C** on May 30, 2012. No comments were received from the public. These amendments are identical to those published under Notice.

These amendments are subject to the Department’s general waiver provisions.

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

These amendments are intended to implement 2012 Iowa Acts, Senate File 2311, sections 33 to 45 (division VI), and sections 46 to 49 (division VII).

These amendments will become effective on August 29, 2012.

The following amendments are adopted.

ITEM 1. Amend rule 21—61.30(167), introductory paragraph, as follows:

21—61.30(167) ~~Hog cholera~~ Classical swine fever—carcasses. All carcasses of hogs dead of ~~cholera~~ classical swine fever must be burned within 24 hours intact, or they may be disposed of within 24 hours by the operator of a licensed rendering plant. In the event that the owner neglects or refuses to make such disposition of the carcass or carcasses of hogs dead of ~~cholera~~ classical swine fever, then the disposal of same shall be handled in accordance with rule 21—61.33(167).

ITEM 2. Amend subrule 64.1(1) as follows:

64.1(1) Multiple species diseases.

- Anthrax
- Aujeszky’s disease
- Bluetongue
- Brucellosis (Brucella abortus)
- Brucellosis (Brucella melitensis)
- Brucellosis (Brucella suis)
- Crimean Congo haemorrhagic fever
- Echinococcosis/hydatidosis
- Epizootic haemorrhagic disease
- Equine encephalomyelitis (Eastern)
- Foot and mouth disease
- Heartwater
- Japanese encephalitis
- Johne’s disease
- Leptospirosis
- New world screwworm (Cochliomyia hominivorax)
- Old world screwworm (Chrysomya bezziana)
- ~~Paratuberculosis~~
- Q fever
- Rabies
- Rift Valley fever
- Rinderpest

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21](cont'd)

- Surra (*Trypanosoma evansi*)
- Trichinellosis
- Tularemia
- Vesicular stomatitis
- West Nile fever

ITEM 3. Amend rule 21—64.5(163), introductory paragraph, as follows:

21—64.5(163) Sale of vaccine. No attenuated or live culture vaccine or virus shall be sold or offered for sale at retail except to a licensed veterinarian of this state, nor shall it be administered to any livestock or poultry except by a licensed veterinarian of the state of Iowa. This does not apply to the sale of and administration of virulent ~~hog-cholera~~ classical swine fever virus when sold to and administered by valid permit holders for its use on hogs owned by themselves on their own premises.

ITEM 4. Amend rule 21—64.17(163), introductory paragraph, as follows:

21—64.17(163) Notification of chief of animal industry. It shall be the duty of any city or local board of health or township trustees, whenever notice is given of animals being affected with rabies, glanders, scabies, ~~hog-cholera~~ classical swine fever or any contagious or infectious disease or having been exposed to the same, to promptly notify the ~~chief of division of animal industry~~ state veterinarian.

ITEM 5. Amend rule **21—64.170(165A)**, definitions of “Individual herd plan” and “Paratuberculosis-affected animal,” as follows:

“*Individual herd plan*” means a written herd management plan that is designed by the herd owner, the owner’s veterinarian, if requested, and a designated epidemiologist to identify and control ~~paratuberculosis~~ Johne’s disease in an affected herd. The individual herd plan may include optional testing.

“*Paratuberculosis-affected Johne’s disease-affected animal*” means an animal which has reacted positively to an organism-based detection test conducted by an approved laboratory.

ITEM 6. Amend rules 21—64.171(165A) to 21—64.174(165A) as follows:

21—64.171(165A) Supervision of the ~~paratuberculosis~~ Johne’s disease program. The state veterinarian’s office will provide supervision for the ~~paratuberculosis~~ Johne’s disease program.

21—64.172(165A) Official ~~paratuberculosis~~ Johne’s disease tests. Organism-based detection tests will be considered as official ~~paratuberculosis~~ Johne’s disease tests. These tests include, but are not limited to, Polymerase Chain Reaction (PCR) tests and bacteriological culture.

21—64.173(165A) Vaccination allowed. Vaccination against ~~paratuberculosis~~ Johne’s disease is allowed with the permission of the state veterinarian. The herd owner requesting vaccination of the herd must sign and follow a ~~paratuberculosis~~ Johne’s disease herd control plan consisting of best management practices designed to prevent the introduction of and control the spread of ~~paratuberculosis~~ Johne’s disease. A risk assessment may be included as part of the herd control plan. The herd owner shall submit animal vaccination reports to the department on forms provided by the department.

21—64.174(165A) Herd plan. The herd owner, the owner’s veterinarian, if requested, and the designated epidemiologist may develop a plan for preventing the introduction of and controlling the spread of ~~paratuberculosis~~ Johne’s disease in each affected herd.

ITEM 7. Amend rules 21—64.177(165A) and 21—64.178(165A) as follows:

21—64.177(165A) Intrastate movement requirements.

64.177(1) Animals that are positive to an official ~~paratuberculosis~~ Johne’s disease test may be moved from the farm of origin for slaughter only if the animals are moved directly to a recognized slaughtering establishment and accompanied by an owner-shipper statement that identifies the animals as positive to

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21](cont'd)

an official paratuberculosis Johne's disease test and the statement is delivered to the consignee. Positive animals shall be identified prior to movement by application of a C-punch in the right ear of the animal.

64.177(2) Animals that are positive to an official paratuberculosis Johne's disease test may be moved within Iowa for slaughter and consigned to a state-federal approved slaughter market if the animals are accompanied by an owner-shipper statement that identifies the animals as positive to an official paratuberculosis Johne's disease test and the statement is delivered to the consignee. Positive animals shall be identified prior to movement by application of a C-punch in the right ear of the animal.

64.177(3) Animals that are positive to an official paratuberculosis Johne's disease test may be moved within Iowa for purposes other than slaughter only by permit from the state veterinarian.

21—64.178(165A) Import requirements.

64.178(1) Animals that are positive to an official paratuberculosis Johne's disease test may be imported into Iowa for slaughter if the animals are moved directly to a recognized slaughtering establishment and accompanied by an owner-shipper statement that identifies the animals as positive to an official paratuberculosis Johne's disease test and the statement is delivered to the consignee. All animals must be officially identified.

64.178(2) Animals that are positive to an official paratuberculosis Johne's disease test may be imported into Iowa for slaughter and consigned to a state-federal approved slaughter market if the animals are accompanied by an owner-shipper statement that identifies the animals as positive to an official paratuberculosis Johne's disease test and the statement is delivered to the consignee. Positive animals shall be identified at the market, prior to sale, by application of a C-punch in the right ear of the animal.

64.178(3) Animals that are positive to an official paratuberculosis Johne's disease test may be imported into Iowa for purposes other than slaughter only by permit from the state veterinarian.

ITEM 8. Amend paragraph **65.4(2)“b”** as follows:

b. Cattle or bison known to be infected with paratuberculosis (Johne's disease) shall not be imported except to a recognized slaughter establishment and shall be accompanied by an owner-shipper statement that identifies the animals as positive to an official Johne's disease test. Such statement shall be delivered to the consignee, unless prior approval is obtained from the state veterinarian.

[Filed 7/5/12, effective 8/29/12]

[Published 7/25/12]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/25/12.

ARC 0213C

LANDSCAPE ARCHITECTURAL EXAMINING BOARD[193D]

Adopted and Filed

Pursuant to the authority of Iowa Code section 544B.5, the Landscape Architectural Examining Board amends Chapter 1, “Description of Organization,” and Chapter 2, “Examinations and Licensing,” Iowa Administrative Code.

These amendments provide a more comprehensive definition and description of the “retired” status for registrants. These amendments also improve service to registrants.

Notice of Intended Action was published in the Iowa Administrative Bulletin on April 18, 2012, as **ARC 0086C**. A public hearing was held on Thursday, May 10, 2012, from 9 to 11 a.m. at the offices of the Professional Licensing Bureau, 1920 SE Hulsizer Road, Ankeny, Iowa. No comments were received. Since publication, a grammatical change was made to the last sentence of paragraph 2.8(8)“c” in Item 5; otherwise these amendments are identical to those published under Notice of Intended Action.

These amendments were adopted by the Board on June 26, 2012.

These amendments are subject to waiver or variance pursuant to 193—Chapter 5.

LANDSCAPE ARCHITECTURAL EXAMINING BOARD[193D](cont'd)

After analysis and review of this rule making, no adverse impact on jobs has been found. The rule making defines the term “landscape architect, retired.” Although there should be no impact on jobs, the Board will continue to work with stakeholders to minimize any negative impact and maximize any positive impact toward jobs.

These amendments are intended to implement Iowa Code sections 544B.1 and 544B.13.

These amendments will become effective on August 29, 2012.

The following amendments are adopted.

ITEM 1. Adopt the following new definitions of “Landscape architect, retired” and “PLA” in rule **193D—1.1(544B,17A)**:

“Landscape architect, retired” means a person who has retired from working as a landscape architect in all states of registration, who has requested “landscape architect, retired” status on the licensure renewal form, and whose request for “landscape architect, retired” status has been approved by the board. For the purpose of these rules, a “professional landscape architect, retired” may be referred to as a “landscape architect, retired.”

“PLA” means professional landscape architect.

ITEM 2. Amend rule **193D—2.1(544B,17A)**, definition of “Landscape architect, retired,” as follows:

“Landscape architect, retired” means a person who ~~held a license as a professional landscape architect and who is retired from the practice of landscape architecture in all states of registration~~ has retired from working as a landscape architect in all states of registration, who has requested “landscape architect, retired” status on the licensure renewal form, and whose request for “landscape architect, retired” status has been approved by the board.

ITEM 3. Amend subrule 2.8(1) as follows:

2.8(1) It is the policy of the board to ~~mail~~ e-mail to each registrant a notice of the pending expiration date at the registrant’s last-known address approximately one month prior to the date the certificate of registration is scheduled to expire. Failure to receive this notice does not relieve the registrant of the responsibility to timely renew the certificate and pay the renewal fee. A registrant should contact the board office if the registrant does not receive a renewal notice prior to the date of expiration.

ITEM 4. Amend subrule 2.8(7) as follows:

2.8(7) Retired status. A person who ~~held a license as a professional landscape architect and who is retired from the practice of landscape architecture in all states of registration~~ may use the title “landscape architect, retired” or “L.A., retired,” respectively, in the context of non-income-producing personal activities. registration as a professional landscape architect, who is retired from the practice of landscape architecture in all states of registration, and who has applied for and has been granted retired status from the board may use the title “professional landscape architect, retired” or “PLA, retired.” If the board determines an applicant is eligible, the retired status would become effective on the first scheduled registration renewal date. Applicants do not need to reinstate an expired registration to be eligible for retired status. Applicants may apply for retired status on forms provided by the board. The board will not provide a refund of biennial registration fees if an application for retired status is granted in a biennium in which the applicant has previously paid the biennial fees for either active or inactive status. Licensees with retired status are exempt from the renewal requirement.

a. Permitted practices. Persons registered in retired status may engage in the practices identified in paragraph 2.8(8)“c.” Such persons may also provide services as technical experts before a court, including pre-litigation preparation, discovery, and testimony, on matters directly related to landscape architectural services provided by such persons prior to registering with the board in retired status.

b. Exemption. A person whose registration as a landscape architect has been placed on probation, suspended, revoked, or voluntarily surrendered in connection with a disciplinary investigation or proceeding shall not be eligible for retired status unless the board, upon appropriate application, first reinstates the registration to good standing.

LANDSCAPE ARCHITECTURAL EXAMINING BOARD[193D](cont'd)

ITEM 5. Amend paragraph **2.8(8)“c”** as follows:

c. Permitted practices. A person may, while registered as inactive or retired, perform for a client, business, employer, government body, or other entity those services which may lawfully be provided by a person to whom a certificate of registration has never been issued. ~~Such~~ For an “inactive” registrant, such services may be performed as long as the person does not in connection with such services use the title “landscape architect” or any other title restricted for use only by landscape architects pursuant to Iowa Code section 544B.18 (with or without additional designations such as “inactive”). Restricted titles may be used only by active landscape architects who are subject to continuing education requirements to ensure that the use of such titles is consistently associated with the maintenance of competency through continuing education. A “landscape architect, retired” may use the “landscape architect, retired” title; however, the person shall inform anyone to whom the person is providing services that the person once held an active landscape architect license but is no longer actively licensed or permitted to practice landscape architecture.

ITEM 6. Amend rule 193D—2.10(544B,17A) as follows:

193D—2.10(544B,17A) Fee schedule. The appropriate examination fee or examination exemption filing fee shall accompany the application. Filing fees are not refundable.

Examination fee	not to exceed \$1000
Initial examination filing fee	\$50
Proctoring fee	\$50
Examination exemption fee	\$300
(This certificate of registration is to be effective to the June 30 which is at least 12 months beyond the date of the application.)	
Wall certificate fee	\$50
Wall certificate replacement fee	\$25
Certificate of registration fee	\$15/month
(This certificate of registration is to be effective the day of board action until June 30.)	
Biennial registration fee (active)	\$350
Biennial registration fee (inactive)	\$100
Reinstatement of lapsed registration	not to exceed \$750
<u>“Landscape architect, retired” status</u>	<u>\$0 (No fee)</u>

[Filed 6/27/12, effective 8/29/12]

[Published 7/25/12]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 7/25/12.

ARC 0215C

MEDICINE BOARD[653]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 147.76 and 272C.2, the Board of Medicine hereby amends Chapter 9, “Permanent Physician Licensure,” Iowa Administrative Code.

The purpose of Chapter 9 is to establish provisions for permanent physician licensure. The amendments update language throughout the chapter, apply the continuing education requirements for licensure reinstatement, and streamline the application process.

MEDICINE BOARD[653](cont'd)

The Board approved the Notice of Intended Action on March 1, 2012. Notice of Intended Action was published in the Iowa Administrative Bulletin on April 18, 2012, as **ARC 0090C**. At a public hearing from 2 to 3 p.m. May 8, 2012, the Board received spoken and written comments from Leah J. McWilliams of the Iowa Osteopathic Association. The Board later received written comments from Jeanine Freeman of the Iowa Medical Society.

In response to all comments received, the following changes were made to the amendments published under Notice of Intended Action:

- Item 2 was revised to add a cross-reference to 653—Chapter 11 to the definition of “training for identifying and reporting abuse.”
- A new Item 12 was added to recognize that Level 2 of the Comprehensive Osteopathic Medical Licensure Examination has been divided into two parts.
- A new Item 20 was added to strike the superfluous word “mandatory.”
- A new Item 26 was added to recognize the cycle, or schedule, for completing applications submitted to the Board.
- The addition of new items caused a renumbering of the subsequent item statements in this rule making.

These amendments were adopted by the Board on June 8, 2012.

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

These amendments are intended to implement Iowa Code chapter 272C.

These amendments will become effective on August 29, 2012.

The following amendments are adopted.

ITEM 1. Adopt the following **new** definitions of “Training for chronic pain management,” “Training for end-of-life care” and “Uniform application for physician state licensure” in rule **653—9.1(147,148)**:

“*Training for chronic pain management*” means required training on chronic pain management identified in 653—Chapter 11.

“*Training for end-of-life care*” means required training on end-of-life care identified in 653—Chapter 11.

“*Uniform application for physician state licensure*” means a Web-based application that is intended to standardize and simplify the licensure application process for state medical licensure. The Federation of State Medical Boards created and maintains the application. This application is used for all license types issued by the Iowa board of medicine.

ITEM 2. Amend rule **653—9.1(147,148)**, definitions of “Category 1 activity,” “Committee” and “Mandatory training for identifying and reporting abuse,” as follows:

“*Category 1 activity credit*” means any formal education program which is sponsored or jointly sponsored by an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, or the Council on Continuing Medical Education of AOA that is of sufficient scope and depth of coverage of a subject area or theme to form an educational unit and is planned, administered and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained by the physician completing the program. ~~Activities~~ Credits designated as formal cognates by the American College of Obstetricians and Gynecologists or as prescribed ~~credit~~ credits by the American Academy of Family Physicians are accepted as equivalent to category 1 ~~activities~~ credits.

“*Committee*” means the licensure ~~and examination~~ committee of the board.

~~“Mandatory training~~ *Training for identifying and reporting abuse*” means training on identifying and reporting child abuse or dependent adult abuse required of physicians who regularly provide primary health care to children or adults, respectively, as specified in 653—Chapter 11. The full requirements on mandatory reporting of child abuse and the training requirements are found in Iowa Code section 232.69; the full requirements on mandatory reporting of dependent adult abuse and the training requirements are found in Iowa Code section 235B.16.

MEDICINE BOARD[653](cont'd)

ITEM 3. Amend subparagraph **9.2(2)“a”(1)** as follows:

(1) A medical student or osteopathic medical student in an international medical school may not take on the role of a medical student in the patient care setting unless ~~enrolling the student is~~ enrolled in the University of Iowa’s Carver College of Medicine or in Des Moines University’s College of Osteopathic Medicine; however, an international medical student not enrolled at either of these institutions may be an observer as defined in rule 653—9.1(147,148).

ITEM 4. Amend paragraph **9.3(1)“c”** as follows:

c. Have successfully completed one year of resident training in a hospital-affiliated program approved by the board at the time the applicant was enrolled in the program. ~~Beginning July 1, 2006,~~ ~~an~~ An applicant who is a graduate of an international medical school shall have successfully completed 24 months of such training.

(1) For those required to have 12 months of training, the program shall have been 12 months of progressive training in not more than two specialties and in not more than two programs approved for resident training by the board. ~~Beginning July 1, 2006, for~~ For those required to have 24 months of training, the program shall have been 24 continuous months of progressive training in not more than two specialties and in not more than two programs approved for resident training by the board.

(2) to (4) No change.

ITEM 5. Amend paragraph **9.4(2)“b”** as follows:

b. Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all information provided by the applicant. ~~A completed fingerprint packet is not required if the applicant has held active physician licensure in Iowa within 12 months of applying for permanent licensure and fingerprinting was done prior to the issuance of that license.~~

ITEM 6. Amend paragraphs **9.4(3)“a,” “h” and “k”** as follows:

a. ~~Name~~ Full legal name, date and place of birth, home address, mailing address and principal business address.

h. An official transcript, or its equivalent, received directly from the school for every medical school attended if requested by the board. A complete translation of any transcript not written in English shall be submitted if requested by the board. An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

k. Verification of an applicant’s hospital and clinical staff privileges and other professional experience for the past five years if requested by the board.

ITEM 7. Amend paragraph **9.5(2)“b”** as follows:

b. Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all information provided by the applicant. ~~A completed fingerprint packet is not required if the applicant has held active physician licensure in Iowa within 12 months of applying for permanent licensure and fingerprinting was done prior to the issuance of that license.~~

ITEM 8. Amend paragraphs **9.5(3)“a,” “h” and “k”** as follows:

a. ~~Name~~ Full legal name, date and place of birth, home address, mailing address and principal business address.

h. An official transcript, or its equivalent, received directly from the school for every medical school attended if requested by the board. A complete translation of any transcript not written in English shall be submitted if requested by the board. An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

k. Verification of an applicant’s hospital and clinical staff privileges and other professional experience for the past five years if requested by the board.

ITEM 9. Amend paragraphs **9.6(2)“b” and “h”** as follows:

b. Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all

MEDICINE BOARD[653](cont'd)

information provided by the applicant. ~~A completed fingerprint packet is not required if the applicant has held active physician licensure in Iowa within 12 months of applying for permanent licensure and fingerprinting was done prior to the issuance of that license.~~

h. Have been engaged in continuous, active practice within the five years immediately preceding the date of submitting an application for licensure. Continuous, active practice includes private practice, employment in a hospital or clinical setting, employment by any governmental entity in community or public health, or practice of administrative, academic or research medicine. Continuous, active practice does not include residency, fellowship or postgraduate training of any kind.

ITEM 10. Amend paragraphs **9.6(3)“a”** and **“e”** as follows:

a. ~~Name~~ Full legal name, date and place of birth, home address, mailing address and principal business address.

e. Verification of an applicant's hospital and clinical staff privileges and other professional experience for the past five years if requested by the board.

ITEM 11. Amend subparagraph **9.7(1)“e”(6)** as follows:

(6) Successful completion of a progressive three-year resident training program is required if the applicant passes the examination after more than six attempts on Step 1 or six attempts on Step 2 CK and Step 2 CS combined or three attempts on Step 3.

ITEM 12. Amend subparagraph **9.7(5)“a”(4)** as follows:

(4) Successful completion of a progressive three-year resident training program is required if the applicant passes the examination after more than six attempts on Level 1 or six attempts on ~~Level 2~~ Level 2 CE and Level 2 PF combined or three attempts on Level 3.

ITEM 13. Amend subrule 9.8(2), introductory paragraph, as follows:

9.8(2) After reviewing each application, staff shall notify the applicant about how to resolve any problems. An applicant shall provide additional information when requested by staff or the board. Staff shall refer an expedited endorsement applicant to the process for licensure by endorsement or to the committee if:

ITEM 14. Amend paragraph **9.8(7)“c”** as follows:

c. If the physician has not engaged in active practice in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

- (1) Successfully pass a competency evaluation approved by the board;
- (2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board; ~~or~~
- (3) Successfully complete a retraining program arranged by the physician and approved in advance by the board; or
- (4) Successfully complete a reentry to practice program or monitoring program approved by the board.

ITEM 15. Amend paragraph **9.8(8)“c”** as follows:

c. If the physician has not engaged in active practice in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

- (1) Successfully pass a competency evaluation approved by the board;
- (2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board; ~~or~~
- (3) Successfully complete a retraining program arranged by the physician and approved in advance by the board; or
- (4) Successfully complete a reentry to practice program or monitoring program approved by the board.

ITEM 16. Amend subrule 9.9(1) as follows:

9.9(1) Failure to submit application materials. If the applicant does not submit all materials, including a completed fingerprint packet, within 90 days of the ~~board office's last documented~~ board's initial request for further information, the application shall be considered inactive. The board office shall notify the applicant of this change in status.

MEDICINE BOARD[653](cont'd)

ITEM 17. Amend paragraph **9.9(2)“c”** as follows:

c. Once the reactivation period expires, an applicant must reapply and submit a new nonrefundable application fee and a new application, documents and credentials. ~~Beginning July 1, 2006, an applicant who holds a valid ECFMG certificate and who reapplies shall submit evidence of having successfully completed two years of postgraduate training as specified in paragraph 9.3(1)“d.”~~

ITEM 18. Adopt the following new paragraph **9.11(1)“d”**:

d. When a physician with a special license receives a permanent Iowa license, the special license shall immediately become inactive.

ITEM 19. Amend subrule 9.13(3), introductory paragraph, as follows:

9.13(3) *Renewal application requirements.* A licensee seeking renewal shall submit a completed renewal application, ~~including~~ information on continuing education, training on chronic pain management, training on end-of-life care, and mandatory training on identifying and reporting abuse; and the required fee, ~~not later than~~ prior to the expiration date on the current license.

ITEM 20. Amend paragraph **9.13(3)“b”** as follows:

b. The requirements for continuing education and ~~mandatory~~ training on identifying and reporting abuse are found in 653—Chapter 11.

ITEM 21. Amend subrule 9.13(5) as follows:

9.13(5) *Renewal penalties.* If the licensee fails to submit the renewal application and renewal fee by ~~prior to the expiration date on the current license, the licensee shall be charged a penalty fee of \$50 for each month the renewal is in arrears, up to two months, or \$100. For example, if the license expires on January 1, a penalty of \$50 will be charged for renewal in January and an additional \$50 or a total of \$100 shall be charged for renewal in February. as set forth in 653—paragraph 8.4(1)“d.”~~

ITEM 22. Amend subrule 9.13(6), introductory paragraph, as follows:

9.13(6) *Failure to renew.* Failure of the licensee to renew a license within two months following its expiration date shall cause the license to become inactive and invalid. A licensee whose license is invalid is prohibited from practice until the license is reinstated in accordance with rule ~~9.13(147,148)~~ 653—9.15(147,148).

ITEM 23. Amend subrule 9.15(1) as follows:

9.15(1) *Reinstatement within one year of the license's becoming inactive.* An individual whose license is in inactive status for up to one year and who wishes to reinstate the license shall submit a completed renewal application; documentation of continuing education; training on chronic pain management, training on end-of-life care, and mandatory training on identifying and reporting abuse; ~~the renewal fee, and the reinstatement penalty fee.~~ All of the information shall be received in the board office within one year of the license's becoming inactive for the applicant to reinstate under this subrule. For example, a physician whose license became inactive on March 1 has until the last day of the following February to renew under this subrule.

a. No change.

b. *Continuing education and ~~mandatory~~ training requirements.* The requirements for continuing education, training on chronic pain management, training on end-of-life care, and mandatory training on identifying and reporting abuse are found in 653—Chapter 11. Applicants for reinstatement shall provide documentation of having completed:

(1) The number of hours of category 1 activity credit needed for renewal in the most recent license period. None of the ~~hours~~ credits obtained in the inactive period may be carried over to a future license period; and

(2) ~~Mandatory training on~~ Training on chronic pain management, end-of-life care, and identifying and reporting abuse, if applicable, within the previous five years.

c. No change.

d. *Reinstatement application process.* The applicant who fails to submit all reinstatement information required within 365 days of the license's becoming inactive shall be required to meet the reinstatement requirements of ~~9.13(2)~~ 9.15(2). For example, if a physician's license expires on January

MEDICINE BOARD[653](cont'd)

1, the completed reinstatement application is due in the board office by December 31, in order to meet the requirements of this subrule.

ITEM 24. Amend paragraph **9.15(2)“a”** as follows:

a. Submit an application for reinstatement to the board upon forms provided by the board. The application shall require the following information:

(1) ~~Name~~ Full legal name, date and place of birth, license number, home address, mailing address and principal business address;

(2) and (3) No change.

(4) Verification of the applicant's hospital and clinical staff privileges, and other professional experience for the past five years if requested by the board;

(5) to (9) No change.

ITEM 25. Amend paragraphs **9.15(2)“c”** and **“d”** as follows:

c. Provide documentation of completion of 80 hours of category 1 ~~continuing education activity credit~~ credit within the previous two years and documentation of training on chronic pain management, end-of-life care, and mandatory training on identifying and reporting abuse as specified in 653—Chapter 11.

d. If the physician has not engaged in active practice in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

(1) Successfully pass a competency evaluation approved by the board;

(2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board; ~~or~~

(3) Successfully complete a retraining program arranged by the physician and approved in advance by the board; or

(4) Successfully complete a reentry to practice program or monitoring program approved by the board.

ITEM 26. Amend subrule 9.15(3) as follows:

9.15(3) Reinstatement application cycle and process. The cycle and process is are the same as that described in ~~rule 9.6(147,148)~~ rules 653—9.8(147,148) and 653—9.9(147,148).

[Filed 6/28/12, effective 8/29/12]

[Published 7/25/12]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/25/12.

ARC 0216C

MEDICINE BOARD[653]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 147.76 and 272C.2, the Board of Medicine hereby amends Chapter 10, “Resident, Special and Temporary Physician Licensure,” Iowa Administrative Code.

The purpose of Chapter 10 is to establish provisions for resident, special and temporary physician licensure. The amendments update language throughout the chapter and apply the continuing education and training requirements for renewal of a special license.

The Board approved the Notice of Intended Action during a regularly scheduled meeting on March 1, 2012. Notice of Intended Action was published in the Iowa Administrative Bulletin on April 18, 2012, as **ARC 0091C**. The Board did not receive any spoken or written comments about this Notice of Intended Action at a public hearing from 2 to 3 p.m. on May 8, 2012. The Board did receive written comments from Cindy Geyer of the Graduate Medical Education Office, University of Iowa Hospitals and Clinics.

These amendments, as published in the Iowa Administrative Bulletin on April 18, 2012, were adopted by the Board on June 8, 2012.

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

These amendments are intended to implement Iowa Code chapter 272C.

MEDICINE BOARD[653](cont'd)

These amendments will become effective on August 29, 2012.

The following amendments are adopted.

ITEM 1. Adopt the following **new** definitions of “Training for chronic pain management,” “Training for end-of-life care” and “Uniform application for physician state licensure” in rule **653—10.1(147,148)**:

“*Training for chronic pain management*” means required training on chronic pain management identified in 653—Chapter 11.

“*Training for end-of-life care*” means required training on end-of-life care identified in 653—Chapter 11.

“*Uniform application for physician state licensure*” means a Web-based application that is intended to standardize and simplify the licensure application process for state medical licensure. The Federation of State Medical Boards created and maintains the application. This application is used for all license types issued by the Iowa board of medicine.

ITEM 2. Amend rule **653—10.1(147,148)**, definitions of “Category 1 activity,” “Committee” and “Mandatory training for identifying and reporting abuse,” as follows:

“*Category 1 activity credit*” means any formal education program which is sponsored or jointly sponsored by an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, or the Council on Continuing Medical Education of AOA that is of sufficient scope and depth of coverage of a subject area or theme to form an educational unit and is planned, administered and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained by the physician completing the program. ~~Activities~~ Credits designated as formal cognates by the American College of Obstetricians and Gynecologists or as prescribed ~~credit~~ credits by the American Academy of Family Physicians are accepted as equivalent to category 1 ~~activities~~ credits.

“*Committee*” means the licensure ~~and examination~~ committee of the board.

“*Mandatory training Training for identifying and reporting abuse*” means training on identifying and reporting child abuse or dependent adult abuse required of physicians who regularly provide primary health care to children or adults, respectively. The full requirements on mandatory reporting of child abuse and the training requirements are found in Iowa Code section 232.69; the full requirements on mandatory reporting of dependent adult abuse and the training requirements are found in Iowa Code section 235B.16.

ITEM 3. Amend subparagraph **10.3(3)“a”(2)** as follows:

(2) Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all information provided by the applicant. ~~A completed fingerprint packet is not required if the applicant has held active physician licensure in Iowa within 12 months of applying for licensure and fingerprinting was done prior to the issuance of that license.~~

ITEM 4. Amend subparagraph **10.3(3)“b”(1)** as follows:

(1) ~~Name~~ Full legal name, date and place of birth, home address, and mailing address;

ITEM 5. Amend subrule 10.3(5) as follows:

10.3(5) Resident license application cycle. If the applicant does not submit all materials within 90 days of the ~~board office’s last documented~~ board’s initial request for further information, the application shall be considered inactive. The board office shall notify the applicant of this change in status. An applicant must reapply and submit a new nonrefundable application fee and a new application, documents and credentials.

ITEM 6. Amend subrule 10.3(6) as follows:

10.3(6) Extension of a resident physician license.

~~a. On or after February 14, 2003, the board shall issue a resident license for the full period of the resident training program. The board shall offer to all who hold a current, active resident license on February 13, 2003, an extension of the license to the expected completion date of the resident training~~

MEDICINE BOARD[653](cont'd)

~~program. A licensee who wishes to extend the license shall submit the extension application materials within two months of the offer.~~

~~b. a.~~ If the licensee fails to complete the program by the expiration date on the license, the licensee has a one-month grace period in which to complete the program or secure an extension from the board.

~~e. b.~~ The resident physician licensee is responsible for applying for an extension if the licensee has not been granted permanent physician licensure and the licensee will not complete the program within the grace period. The following extension application materials are due in the board office prior to the expiration of the license;

(1) A letter requesting an extension and providing an explanation of the need for an extension;

(2) The extension fee of \$25; and

(3) A statement from the director of the resident training program attesting to the new expected date of completion of the program and the individual's progress in the program and whether any warnings have been issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action.

~~No documentation of continuing medical education or mandatory training on identifying and reporting abuse is required since a resident is in training.~~

~~d. c.~~ Failure of the licensee to extend a license within one month following the expiration date shall cause the license to become inactive and invalid. For example, a license that expires on June 26 becomes inactive and invalid on July 26. A licensee whose license is inactive is prohibited from practice until the license is extended or replaced by a permanent physician or new resident physician license.

~~e. d.~~ To extend an inactive resident license within one year of becoming inactive, an applicant shall submit the following:

(1) A letter requesting an extension and providing an explanation of the need for an extension;

(2) The extension fee of \$25;

(3) A \$50 late fee; and

(4) A statement from the director of the resident training program attesting to the new expected date of completion of the program and the individual's progress in the program and whether any warnings have been issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action.

~~No documentation of continuing medical education or mandatory training on identifying and reporting abuse is required since a resident is in training.~~

~~f. e.~~ If more than one year has passed since the resident license became inactive, the applicant shall apply for a new resident license as described in subrule 10.3(3).

ITEM 7. Renumber subrules **10.3(7)** to **10.3(10)** as **10.3(8)** to **10.3(11)**.

ITEM 8. Adopt the following **new** subrule 10.3(7):

10.3(7) Continuing education and training. Applicants seeking an extension of a resident physician license or an extension of an inactive resident physician license are not required to complete continuing medical education or training requirements as identified in 653—Chapter 11.

ITEM 9. Amend renumbered paragraph **10.3(8)“b”** as follows:

b. After reviewing each request for extension, staff shall notify the licensee or designee about how to resolve any problems identified by the reviewer. The applicant for license extension shall provide additional information when requested by staff or the board.

ITEM 10. Rescind renumbered paragraph **10.3(9)“d.”**

ITEM 11. Amend paragraph **10.4(1)“d”** as follows:

d. A special license shall automatically ~~expire~~ be placed on inactive status when the licensee discontinues service on the academic medical staff for which the special license was granted.

ITEM 12. Amend paragraph **10.4(4)“b”** as follows:

b. After reviewing each application, staff shall notify the applicant or the applicant's academic institution about how to resolve any problems identified by the reviewer. The applicant shall provide additional information when requested by staff or the board.

MEDICINE BOARD[653](cont'd)

ITEM 13. Amend subrule 10.4(5) as follows:

10.4(5) *Special license application cycle.* If the applicant does not submit all materials within 90 days of the ~~board office's last documented~~ board's initial request for further information, the application shall be considered inactive. The board office shall notify the applicant of this change in status. An applicant must reapply and submit a new nonrefundable application fee and a new application, documents and credentials.

ITEM 14. Amend subparagraph **10.4(6)“b”(3)** as follows:

(3) Evidence of continuing education and ~~mandatory~~ training on chronic pain management, end-of-life care, and identifying and reporting abuse.

1. The requirement for continuing education is 20 hours of category 1 ~~activity credit~~ as specified in 653—Chapter 11.

2. The requirement for ~~mandatory~~ training on chronic pain management, end-of-life care, and identifying and reporting abuse is specified in 653—Chapter 11.

The dean of the medical college shall submit a letter that addresses the individual's unique contribution to the practice of medicine in Iowa, how the anticipated contribution will serve the public interest of Iowans, and the need for renewal of this license. For a licensee who received the initial special license prior to July 1, 2001, the only statement needed from the dean is verification of the academic appointment the licensee continues to hold.

ITEM 15. Amend paragraph **10.5(3)“b”** as follows:

b. Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet and a sworn statement by the applicant attesting to the truth of all information provided by the applicant.

ITEM 16. Amend paragraph **10.5(4)“a”** as follows:

a. The applicant's full legal name, date and place of birth, home address, mailing address and principal business address;

ITEM 17. Adopt the following new paragraph **10.5(4)“n”**:

n. A completed fingerprint packet to facilitate a national criminal history background check. The fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

ITEM 18. Amend subparagraph **10.5(5)“h”(4)** as follows:

(4) Deny a temporary license. The board may deny a temporary license for any grounds on which the board may discipline a license or for lack of need for a physician's services by the organization or individual. The procedure for appealing a license denial is set forth in ~~653—9.15(147,148)~~ 653—9.17(147,148).

ITEM 19. Amend subparagraph **10.5(6)“d”(4)** as follows:

(4) Deny a temporary license. The board may deny a temporary license for any grounds on which the board may discipline a license or for lack of need for a physician's services by the organization or individual. The procedure for appealing a license denial is set forth in ~~653—9.15(147,148)~~ 653—9.17(147,148).

ITEM 20. Amend subrule 10.5(7) as follows:

10.5(7) *Temporary license application cycle.* If the applicant does not submit all materials within 90 days of the ~~board office's last documented~~ board's initial request for further information, the application shall be considered inactive. The board office shall notify the applicant of this change in status. An applicant whose application is inactive must reapply and submit new nonrefundable fees and a new application, documents and credentials if the applicant wishes to pursue temporary licensure.

[Filed 6/28/12, effective 8/29/12]

[Published 7/25/12]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/25/12.

ARC 0217C**MEDICINE BOARD[653]****Adopted and Filed**

Pursuant to the authority of Iowa Code sections 147.76 and 272C.2, the Board of Medicine hereby amends Chapter 11, "Continuing Education and Training Requirements," Iowa Administrative Code.

The purpose of Chapter 11 is to establish continuing education and training requirements for renewal or reinstatement of a permanent physician license or renewal of a special physician license. The amendments update language throughout the chapter and recognize the continuing education gained by physicians from their service on the Board, on the Iowa Physician Health Committee, and by completing peer reviews for the Board.

The Board approved the Notice of Intended Action during a regularly scheduled meeting on March 1, 2012. Notice of Intended Action was published in the Iowa Administrative Bulletin on April 18, 2012, as **ARC 0092C**. At a public hearing from 2 to 3 p.m. on May 8, 2012, the Board received spoken and written comments from Leah J. McWilliams of the Iowa Osteopathic Association. The Board later received written comments from Jeanine Freeman of the Iowa Medical Society. In response to all comments received, the proposed phrase "resides in Iowa" was deleted from Item 5.

In addition, subrule 11.2(3) was modified after it was determined that the Board does not qualify as a provider of accredited Category 1 CMEs and, therefore, cannot grant CMEs. However, the Board can recognize certain professional experiences as the equivalent of the education and training gained by completing Category 1 CMEs, which are accredited by the Accreditation Council for Continuing Medical Education. Subrule 11.2(3) now reads as follows:

"11.2(3) The board shall in January of each year recognize the equivalent of up to 10 hours of category 1 credits for physicians who actively served as members or alternate members of the Iowa board of medicine during the previous year; for physicians who actively served as members of the Iowa physician health committee during the previous year; and for physicians who performed peer reviews for the board during the previous year. The physicians receiving recognition of category 1 credit equivalents will be notified by U.S. mail in January by the executive director of the board."

These amendments were adopted by the Board on June 8, 2012.

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

These amendments are intended to implement Iowa Code chapter 272C.

These amendments will become effective on August 29, 2012.

The following amendments are adopted.

ITEM 1. Adopt the following **new** definitions of "Training for chronic pain management" and "Training for end-of-life care" in rule **653—11.1(272C)**:

"Training for chronic pain management" means required training on chronic pain management identified in 653—Chapter 11.

"Training for end-of-life care" means required training on end-of-life care identified in 653—Chapter 11.

ITEM 2. Amend rule **653—11.1(272C)**, definitions of "Accredited provider," "Approved program or activity," "Carryover," "Category 1 activity," "Committee" and "Hour of continuing education," as follows:

"Accredited provider" means an organization approved as a provider of category 1 activity credit by one of the following board-approved accrediting bodies: Accreditation Council for Continuing Medical Education, Iowa Medical Society, or the Council on Continuing Medical Education of the AOA.

"Approved program or ~~activity~~ credit" means any category 1 activity credit offered by an accredited provider or any other program or activity credit meeting the standards set forth in these rules.

"Carryover" means hours of category 1 activity credit earned in excess of the required hours in a license period that may be applied to the continuing education requirement in the subsequent license period; carryover may not exceed 20 hours of category 1 activity credit per renewal cycle.

MEDICINE BOARD[653](cont'd)

“*Category 1 activity credit*” means any formal education program which is sponsored or jointly sponsored by an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, or the Council on Continuing Medical Education of the AOA that is of sufficient scope and depth of coverage of a subject area or theme to form an educational unit and is planned, administered and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained by the physician completing the program. ~~Activities Credits~~ designated as formal cognates by the American College of Obstetricians and Gynecologists or as prescribed ~~credit credits~~ by the American Academy of Family Physicians are accepted as equivalent to category 1 activity credits.

“*Committee*” means the licensure ~~and examination~~ committee of the board.

“*Hour of continuing education*” means a clock hour spent by a licensee in actual attendance at or completion of an approved category 1 activity credit.

ITEM 3. Amend rule 653—11.2(272C) as follows:

653—11.2(272C) Continuing education credit and alternatives.

11.2(1) Continuing education credit may be obtained by attending category 1 activity credits as defined in this chapter.

11.2(2) The board shall accept the following as equivalent to 50 hours of category 1 activity credit: participation in an approved resident training program or board certification or recertification by an ABMS or AOA specialty board within the licensing period.

11.2(3) The board shall in January of each year recognize the equivalent of up to 10 hours of category 1 credits for physicians who actively served as members or alternate members of the Iowa board of medicine during the previous year; for physicians who actively served as members of the Iowa physician health committee during the previous year; and for physicians who performed peer reviews for the board during the previous year. The physicians receiving recognition of category 1 credit equivalents will be notified by U.S. mail in January by the executive director of the board.

ITEM 4. Amend rule 653—11.3(272C) as follows:

653—11.3(272C) Accreditation of providers. The board approves the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, and the Council on Continuing Medical Education of the AOA as organizations acceptable to accredit providers of category 1 activity credits.

ITEM 5. Amend rule 653—11.4(272C) as follows:

653—11.4(272C) Continuing education and training requirements for renewal or reinstatement. A licensee shall meet the requirements in this rule to qualify for renewal of a permanent or special license or reinstatement of a permanent license.

11.4(1) Continuing education and training requirements.

a. Continuing education for permanent license renewal. Except as provided in these rules, a total of 40 hours of category 1 activity credit or board-approved equivalent shall be required for biennial renewal of a permanent license. This may include up to 20 hours of credit carried over from the previous license period and category 1 activity credit acquired within the current license period.

(1) To facilitate license renewal according to birth month, a licensee’s first license may be issued for less than 24 months. The number of hours of category 1 activity credit required of a licensee whose license has been issued for less than 24 months shall be reduced on a pro-rata basis.

(2) A licensee desiring to obtain credit for carryover hours shall report the carryover, not to exceed 20 hours of category 1 activity credit, on the renewal application.

~~(3) Category 1 CME activity. A licensee shall complete the training as part of a category 1 CME activity or an approved training program. A licensee may apply the category 1 CME activity credit received for the training during the license period in which the training occurred toward the 40 hours of continuing education required for biennial renewal.~~

MEDICINE BOARD[653](cont'd)

b. Continuing education for special license renewal. A total of 20 hours of category 1 ~~activity~~ credit shall be required for annual renewal of a special license. No carryover hours are allowed.

c. Training for identifying and reporting child and dependent adult abuse for permanent or special license renewal. The licensee in Iowa shall complete the training for identifying and reporting child and dependent adult abuse as part of a category 1 credit or an approved training program. The licensee may utilize category 1 credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 11.4(1)“a.”

(1) Training to identify child abuse. A licensee who regularly provides primary health care to children in Iowa must complete at least two hours of training in child abuse identification and reporting every five years. “A licensee who regularly provides primary health care to children” means all emergency physicians, family physicians, general practice physicians, pediatricians, and psychiatrists, and any other physician who regularly provides primary health care to children.

(2) Training to identify dependent adult abuse. A licensee who regularly provides primary health care to adults in Iowa must complete at least two hours of training in dependent adult abuse identification and reporting every five years. “A licensee who regularly provides primary health care to adults” means all emergency physicians, family physicians, general practice physicians, internists, obstetricians, gynecologists, and psychiatrists, and any other physician who regularly provides primary health care to adults.

(3) Combined training to identify child and dependent adult abuse. A licensee who regularly provides primary health care to adults and children in Iowa must complete at least two hours of training in the identification and reporting of abuse in dependent adults and children every five years. The training may be completed through separate courses as identified in subparagraphs 11.4(1)“c”(1) and (2) or in one combined two-hour course that includes curricula for identifying and reporting child abuse and dependent adult abuse. “A licensee who regularly provides primary health care to children and adults” means all emergency physicians, family physicians, general practice physicians, internists, and psychiatrists, and any other physician who regularly provides primary health care to children and adults.

d. Training for chronic pain management for permanent or special license renewal. The licensee shall complete the training for chronic pain management as part of a category 1 credit. The licensee may utilize category 1 credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 11.4(1)“a.”

(1) A licensee who regularly provides primary health care to patients in Iowa must complete at least two hours of ~~training~~ category 1 credit for chronic pain management every five years. “A licensee who regularly provides primary health care to patients” means all emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists, and any other physician who regularly provides primary health care to patients.

(2) A licensee who had a permanent license on August 17, 2011, has until August 17, 2016, to complete the chronic pain management training, and shall then complete the training once every five years thereafter.

e. Training for end-of-life care for permanent or special license renewal. The licensee shall complete the training for end-of-life care as part of a category 1 credit. The licensee may utilize category 1 credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 11.4(1)“a.”

(1) A licensee who regularly provides primary health care to patients in Iowa must complete at least two hours of ~~training~~ category 1 credit for end-of-life care every five years. “A licensee who regularly provides primary health care to patients” means all emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists, and any other physician who regularly provides primary health care to patients.

(2) A licensee who had a permanent license on August 17, 2011, has until August 17, 2016, to complete the end-of-life care training, and shall then complete the training once every five years thereafter.

11.4(2) Exemptions from renewal requirements.

a. No change.

MEDICINE BOARD[653](cont'd)

b. The requirements for training on identifying and reporting abuse, chronic pain management and end-of-life care for license renewal shall be suspended for a licensee who provides evidence for:

(1) Periods described in ~~paragraph 11.4(2) "a," subparagraph (1), (2), (3), or (4) subparagraph 11.4(2) "a"(1), (2), (3), or (4);~~ or

(2) Periods that the licensee resided outside of Iowa and did not practice in Iowa.

11.4(3) No change.

11.4(4) Reinstatement requirement. An applicant for license reinstatement whose license has been inactive for one year or more shall provide proof of successful completion of 80 hours of category 1 ~~activity~~ credit completed within 24 months prior to submission of the application for reinstatement or proof of successful completion of SPEX or COMVEX-USA within one year immediately prior to the submission of the application for reinstatement.

11.4(5) to 11.4(8) No change.

ITEM 6. Amend paragraph **11.5(1)"c"** as follows:

c. The committee shall consider the staff's recommendation for denial of credit for continuing education or training for identifying and reporting abuse, chronic pain management, and end-of-life care.

(1) If the committee approves the credit, it shall authorize the staff to inform the licensee or applicant that the matter is resolved.

(2) If the committee disapproves the credit, it shall refer the matter to the board with a recommendation for resolution.

[Filed 6/28/12, effective 8/29/12]

[Published 7/25/12]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/25/12.

ARC 0211C

PROFESSIONAL LICENSURE DIVISION[645]

Adopted and Filed

Pursuant to the authority of Iowa Code section 147.76, the Board of Chiropractic hereby amends Chapter 44, "Continuing Education for Chiropractic Physicians," Iowa Administrative Code.

This amendment provides the conditions by which on-line instruction may qualify for "live" continuing education credit.

Notice of Intended Action was published in the Iowa Administrative Bulletin on February 22, 2012, as **ARC 0010C**. A public hearing was held on March 13, 2012, from 9 to 9:30 a.m. in the Fifth Floor Board Conference Room, Lucas State Office Building, Des Moines, Iowa. No public comments were received. This amendment is identical to that published under Notice.

This amendment was adopted by the Board of Chiropractic on April 11, 2012.

After analysis and review of this rule making, there should be a positive impact on jobs. This amendment allows chiropractors the ability to take continued education classes on the Internet. Chiropractors will be allowed to see patients and to work rather than cancel appointments for the day to attend out-of-town seminars.

This amendment is intended to implement Iowa Code chapters 21, 147, 151 and 272C.

This amendment will become effective August 29, 2012.

The following amendment is adopted.

Amend subparagraph **44.3(2)"a"(1)** as follows:

(1) At least 36 hours of continuing education credit obtained from a program that directly relates to clinical case management of chiropractic patients. Beginning with the July 1, 2008, to June 30, 2010, renewal cycle, at least 24 of these hours shall be earned by completing a program in which an instructor conducts the class employing either a traditional in-person classroom-type presentation or a live presentation through the Iowa Communications Network (ICN) live interactive Web conferencing.

PROFESSIONAL LICENSURE DIVISION[645](cont'd)

Beginning with the July 1, 2012, to June 30, 2014, renewal cycle, on-line instruction may qualify for "live" continuing education credit if provided by a Council on Chiropractic Education (CCE)-accredited chiropractic college in the United States, the Iowa Chiropractic Society, the American Chiropractic Association, or the International Chiropractors Association or if certified by the Providers of Approved Continuing Education (PACE) through the Federation of Chiropractic Licensing Boards (FCLB). The remaining 12 hours may be obtained by independent study, including any on-line instruction.

[Filed 6/25/12, effective 8/29/12]

[Published 7/25/12]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/25/12.

ARC 0223C

PROFESSIONAL LICENSURE DIVISION[645]

Adopted and Filed

Pursuant to the authority of Iowa Code section 147.76, the Board of Physical and Occupational Therapy hereby amends Chapter 206, "Licensure of Occupational Therapists and Occupational Therapy Assistants," and Chapter 209, "Discipline for Occupational Therapists and Occupational Therapy Assistants," Iowa Administrative Code.

These amendments define occupational therapy practice, update supervision requirements, remove outdated language for renewal to be consistent with Iowa Code chapter 147 and clarify that conviction of a crime includes when judgment of conviction or sentence was deferred.

Notice of Intended Action was published in the Iowa Administrative Bulletin on May 30, 2012, as **ARC 0134C**. A public hearing was held June 20, 2012, from 8 to 8:30 a.m. in the Fifth Floor Board Conference Room 526, Lucas State Office Building, Des Moines, Iowa. Public comment was received supporting the proposed amendments. These amendments are identical to those published under Notice of Intended Action.

These amendments were adopted by the Board of Physical and Occupational Therapy on July 5, 2012.

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

These amendments are intended to implement Iowa Code sections 147.3, 147.10, 147.55, 148B.1, 148B.2, 148B.4 and 148B.5.

These amendments will become effective August 29, 2012.

The following amendments are adopted.

ITEM 1. Adopt the following **new** definition of "Occupational therapy practice" in rule **645—206.1(147)**:

"Occupational therapy practice" means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations, to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. The practice of occupational therapy includes:

1. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:

- Client factors, including body functions (such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors) and body structures (such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement) and values, beliefs, and spirituality.

- Habits, routines, roles, rituals, and behavior patterns.

PROFESSIONAL LICENSURE DIVISION[645](cont'd)

- Physical and social environments; cultural, personal, temporal and virtual contexts; and activity demands that affect performance.
 - Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication and social skills.
2. Methods or approaches selected to direct the process of interventions, including:
 - Establishment of a skill or ability that has not yet developed or remediation or restoration of a skill or ability that is impaired or is in decline.
 - Compensation, modification, or adaptation of activity or environment to enhance performance or to prevent injuries, disorders, or other conditions.
 - Retention and enhancement of skills or abilities without which performance in everyday life activities would decline.
 - Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.
 - Prevention of barriers to performance and participation, including injury and disability prevention.
 3. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:
 - Therapeutic use of occupations, exercises, and activities.
 - Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance.
 - Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.
 - Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
 - Education and training of individuals, including family members, caregivers, groups, populations, and others.
 - Care coordination, case management, and transition services.
 - Consultative services to groups, programs, organizations, or communities.
 - Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.
 - Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
 - Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.
 - Low vision rehabilitation.
 - Driver rehabilitation and community mobility.
 - Management of feeding, eating, and swallowing to enable eating and feeding performance.
 - Application of physical agent modalities and use of a range of specific therapeutic procedures (such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy) to enhance performance skills.
 - Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.

ITEM 2. Rescind rule 645—206.8(272C) and adopt the following **new** rule in lieu thereof:

645—206.8(148B) Supervision requirements.

206.8(1) Care rendered by unlicensed assistive personnel shall not be documented or charged as occupational therapy unless direct on-site supervision is provided by an OT or in-sight supervision is provided by an OTA.

206.8(2) Occupational therapist supervisor responsibilities. The supervisor shall:

a. Provide supervision to a licensed OTA, OT limited permit holder and OTA limited permit holder.

PROFESSIONAL LICENSURE DIVISION[645](cont'd)

- b.* Provide on-site supervision or supervision by telecommunication as long as the occupational therapy services are rendered in accordance with the provisions of subrule 206.8(5).
- c.* Assume responsibility for all delegated tasks and shall not delegate a service which exceeds the expertise of the OTA or OTA limited permit holder.
- d.* Provide evaluation and development of a treatment plan for use by the OTA.
- e.* Ensure that the OTA, OT limited permit holder and OTA limited permit holder under the OT's supervision have current licenses to practice.
- f.* Ensure that the signature of an OTA on an occupational therapy treatment record indicates that the occupational therapy services were provided in accordance with the rules and regulations for practicing as an OTA.

206.8(3) The following are functions that only an occupational therapist may provide and that shall not be delegated to an OTA:

- a.* Interpretation of referrals;
- b.* Initial occupational therapy evaluation and reevaluations;
- c.* Identification, determination or modification of patient problems, goals, and care plans;
- d.* Final discharge evaluation and establishment of the discharge plan;
- e.* Assurance of the qualifications of all assistive personnel to perform assigned tasks through written documentation of their education or training that is maintained and available at all times;
- f.* Delegation of and instruction in the services to be rendered by the OTA including, but not limited to, specific tasks or procedures, precautions, special problems, and contraindicated procedures; and
- g.* Timely review of documentation, reexamination of the patient and revision of the plan when indicated.

206.8(4) Supervision of unlicensed assistive personnel. OTs are responsible for patient care provided by unlicensed assistive personnel under the OT's supervision. Unlicensed assistive personnel shall not provide independent patient care unless each of the following standards is satisfied:

- a.* The supervising OT shall physically participate in the patient's treatment or evaluation, or both, each treatment day;
- b.* The unlicensed assistive personnel shall provide independent patient care only while under the on-site supervision of the supervising OT;
- c.* Documentation made in occupational therapy records by unlicensed assistive personnel shall be cosigned by the supervising OT; and
- d.* The supervising OT shall provide periodic reevaluation of the performance of unlicensed assistive personnel in relation to the patient.

206.8(5) The OT must participate in treatment including direct face-to-face patient contact every twelfth visit or 60 calendar days, whichever comes first, for all patients regardless of setting and must document each visit.

206.8(6) Occupational therapy assistant responsibilities.

- a.* The occupational therapy assistant:
 - (1) Shall provide only those services for which the OTA has the necessary skills and shall consult the supervising occupational therapist if the procedures are believed not to be in the best interest of the patient;
 - (2) Shall gather data relating to the patient's disability during screening, but shall not interpret the patient information as it pertains to the plan of care;
 - (3) Shall communicate any change, or lack of change, which occurs in the patient's condition and which may need the assessment of the OT;
 - (4) Shall provide occupational therapy services only under the supervision of the occupational therapist;
 - (5) Shall provide treatment only after evaluation and development of a treatment plan by the occupational therapist;
 - (6) Shall refer inquiries that require interpretation of patient information to the occupational therapist;

PROFESSIONAL LICENSURE DIVISION[645](cont'd)

(7) Shall have on-site or immediate telecommunicative supervision as long as the occupational therapy services are rendered in accordance with the provisions of subrule 206.8(5);

(8) May receive supervision from any number of occupational therapists;

(9) Shall maintain documentation of supervision on a daily basis that shall be available for review upon request of the board.

b. The signature of an OTA on the occupational therapy treatment record indicates that occupational therapy services were provided in accordance with the rules and regulations for practicing as an OTA.

206.8(7) Unlicensed assistive personnel. Unlicensed assistive personnel may assist an OTA in providing patient care in the absence of an OT only if the OTA maintains in-sight supervision of the unlicensed assistive personnel and the OTA is primarily and significantly involved in that patient's care.

206.8(8) The occupational therapy limited permit holder may evaluate clients, plan treatment programs, and provide periodic reevaluations under supervision of a licensed occupational therapist who shall bear full responsibility for care provided under the occupational therapist's supervision.

ITEM 3. Rescind rule **645—206.9(147)**.

ITEM 4. Renumber rule **645—206.10(147)** as **645—206.9(147)**.

ITEM 5. Renumber rule **645—206.12(147)** as **645—206.10(147)**.

ITEM 6. Amend renumbered subrule 206.10(1) as follows:

206.10(1) The biennial license renewal period for a license to practice as an occupational therapist or occupational therapy assistant shall begin on the sixteenth day of the birth month and end on the fifteenth day of the birth month two years later. ~~The board shall send a renewal notice by regular mail to each licensee at the address on record at least 60 days prior to the expiration of the license.~~ The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive ~~the~~ notice from the board does not relieve the licensee of the responsibility for renewing the license.

ITEM 7. Renumber rules **645—206.18(17A,147,272C)** and **645—206.19(17A,147,272C)** as **645—206.11(17A,147,272C)** and **645—206.12(17A,147,272C)**.

ITEM 8. Amend subrule 209.2(11) as follows:

209.2(11) Conviction of a crime related to the profession or occupation of the licensee or the conviction of any crime that would affect the licensee's ability to practice occupational therapy within the profession, regardless of whether the judgment of conviction or sentence was deferred. A copy of the record of conviction or plea of guilty shall be conclusive evidence.

[Filed 7/5/12, effective 8/29/12]

[Published 7/25/12]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/25/12.

ARC 0218C

PUBLIC SAFETY DEPARTMENT[661]

Adopted and Filed

Pursuant to the authority of Iowa Code section 17A.3, the Department of Public Safety hereby adopts new Chapter 93, "Identification Cards for Former Peace Officers of the Iowa Department of Public Safety," Iowa Administrative Code.

The federal Law Enforcement Officers Safety Act of 2004 and the subsequent Law Enforcement Officers Safety Act Improvements Act of 2010 have been codified as Sections 926B and 926C of United States Code, Title 18, which establish the authority of active law enforcement officers and former law enforcement officers who retired or separated in good standing to carry a concealed firearm in any state without having to obtain a permit to do so from any state or any political subdivision of any state. The rules adopted herein establish procedures related to required identification and firearms qualifications of

PUBLIC SAFETY DEPARTMENT[661](cont'd)

former and retired peace officers of the Iowa Department of Public Safety which stem from the federal law.

Notice of Intended Action proposing the rules adopted herein was published in the Iowa Administrative Bulletin as **ARC 9988B** on February 8, 2012. A public hearing to accept comments on the proposed rules was held on April 3, 2012. No comments regarding the proposed rules were received either at the public hearing or otherwise. The rules adopted herein are identical to the rules proposed in the Notice of Intended Action.

No fiscal impact is anticipated from the adoption of these rules.

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

These rules are intended to implement 18 U.S.C. §926C.

These rules will become effective on September 1, 2012.

EDITOR'S NOTE: Pursuant to recommendation of the Administrative Rules Review Committee published in the Iowa Administrative Bulletin, September 10, 1986, the text of these rules [Ch 93] is being omitted. These rules are identical to those published under Notice as **ARC 9988B**, IAB 2/8/12.

[Filed 6/28/12, effective 9/1/12]

[Published 7/25/12]

[For replacement pages for IAC, see IAC Supplement 7/25/12.]

ARC 0219C

PUBLIC SAFETY DEPARTMENT[661]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 17A.3, 81.4, and 691.3, the Department of Public Safety hereby amends Chapter 95, "Disposition of Seized and Forfeited Weapons and Ammunition," Chapter 150, "Division of Criminal Investigation Criminalistics Laboratory," Chapter 156, "DNA Database," and Chapter 157, "Devices and Methods to Test Body Fluids for Alcohol or Drugs," Iowa Administrative Code.

The Division of Criminal Investigation Criminalistics Laboratory is created within the Department of Public Safety in Iowa Code section 691.1. The Commissioner of Public Safety is authorized to adopt administrative rules defining the capabilities of the Criminalistics Laboratory and governing the handling of items to be processed by the Criminalistics Laboratory in Iowa Code section 691.3. Several other provisions of the Code of Iowa require the adoption of administrative rules regarding responsibilities and operations of the Laboratory. Among these are Iowa Code chapter 81, which established a DNA Database within the Criminalistics Laboratory and requires the adoption of administrative rules for the collection, submission, analysis, identification, storage, and disposition of DNA records, and Iowa Code section 321J.2, which requires the adoption of standards for minimum detectable levels of controlled substances in the body fluids and tissues of samples analyzed by the Laboratory. The amendments adopted herein update and clarify rules applicable to the operations of the Criminalistics Laboratory.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0098C** on April 18, 2012. A public hearing to accept comments regarding the amendments as proposed in the Notice of Intended Action was held on May 8, 2012. No comments regarding the proposed amendments were received either at the public hearing or otherwise. The amendments adopted herein are identical to those proposed in the Notice of Intended Action.

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

These amendments are intended to implement Iowa Code chapters 81, 691, 809, and 809A.

PUBLIC SAFETY DEPARTMENT[661](cont'd)

These amendments will become effective September 1, 2012.

EDITOR'S NOTE: Pursuant to recommendation of the Administrative Rules Review Committee published in the Iowa Administrative Bulletin, September 10, 1986, the text of these amendments [95.5, 150.3(8), 150.4(2), 156.1 to 156.10, 157.2, 157.7] is being omitted. These amendments are identical to those published under Notice as **ARC 0098C**, IAB 4/18/12.

[Filed 6/28/12, effective 9/1/12]

[Published 7/25/12]

[For replacement pages for IAC, see IAC Supplement 7/25/12.]

ARC 0224C

SOIL CONSERVATION DIVISION[27]

Adopted and Filed

Pursuant to the authority of Iowa Code section 161A.4(1), the Division of Soil Conservation hereby amends Chapter 10, "Iowa Financial Incentive Program for Soil Erosion Control," Iowa Administrative Code.

The amendments conform the rules to statutory changes made in 2012 Iowa Acts, Senate File 2311, effective July 1, 2012. In the current rules, the time period for determining if the land has been plowed or used for row crops is 1966 to 1981; the amendments change the time period to "the prior 15 years." This determination is used in calculating the amount of cost-share funds available for conservation practices.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0127C** on May 16, 2012. No comments were received from the public. These amendments are identical to those published under Notice.

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

These amendments are intended to implement 2012 Iowa Acts, Senate File 2311, section 18.

These amendments will become effective August 29, 2012.

The following amendments are adopted.

ITEM 1. Amend rule **27—10.20(161A)**, definition of "Conservation cover," as follows:

"*Conservation cover*" means that if a tract of agricultural land has not been plowed or used for growing row crops at any time within the prior 15 years ~~prior to January 1, 1981~~, it shall be classified as agricultural land under conservation cover.

ITEM 2. Amend subrule 10.60(6) as follows:

10.60(6) Conservation cover. Cost share for certain lands is restricted by Iowa Code chapter 161A. Each tract of agricultural land which has not been plowed or used for growing row crops at any time within the prior 15 years ~~prior to January 1, 1981~~, shall be considered classified as agricultural land under conservation cover. "Agricultural land" has the meaning assigned that term by Iowa Code section 9H.1. If any tract of land so classified is thereafter plowed or used for growing row crops, the district commissioners shall not approve use of state cost-share funds for establishing permanent or temporary soil and water conservation practices on that tract of land in an amount greater than one-half the amount of cost-share funds which would be available for that land if it were not classified as agricultural land under conservation cover. This restriction shall apply even if an administrative order or court order has been issued requiring establishment of conservation practice.

[Filed 7/5/12, effective 8/29/12]

[Published 7/25/12]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/25/12.