RA 26-351

INSPECTIONS, APPEALS, AND LICENSING DEPARTMENT[481]

Regulatory Analysis

Notice of Intended Action to be published: 481—Chapters 651, 652, 653, 654, and 655 "Fees; Permanent, Emeritus, and Administrative Medicine Physician Licensure; Resident, Special and Temporary Physician Licensure; Continuing Education and Training Requirements; Standards of Practice and Principles of Medical Ethics"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 147 and 148

State or federal law(s) implemented by the rulemaking: Iowa Code chapters 147 and 148 and 2026 Iowa Acts, House File 571, House File 2788, Senate File 469, and Senate File 2184

Public Hearing

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

November 17, 2026	6200 Park Avenue
9 a.m.	Des Moines, Iowa

Virtual participation information will be available on the public calendar on the Department of Inspections, Appeals, and Licensing website prior to the hearing.

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

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Purpose and Summary

This proposed rulemaking updates the Board of Medicine's rules to implement 2026 Iowa Acts, House File 571, House File 2788, Senate File 469, and Senate File 2184. Additional changes are proposed to update references to specific resources, make rules consistent across chapters or boards, and remove outdated references and information.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

Physicians renewing their license on the new triennial schedule will note a larger fee to pay for their renewal, but the effective per annum cost of their license will not change. Physicians applying for the new emeritus license will see their renewal fees halved. Physicians who perform abortions or prescribe or dispense abortion-inducing drugs will bear the cost of the additional written certification requirements, which should be de minimis.

The Department will bear an expense in database and technology costs to implement a new license type and to move a subsection of licenses from a two-year renewal period to a three-year renewal period. Staff salaries to support the work of the Board, including legislative implementation and rulemaking, is covered by the Licensing and Regulation Fund. Licensing fees go to the fund to cover the operations of the regulated professional licensing boards.

- **Classes of persons that will benefit from the proposed rulemaking:**

Physicians who wish to be licensed as an emeritus physician will benefit from having that option available.

Physicians who appreciate renewing their license less frequently will benefit from the change to a triennial renewal cycle.

Physicians who wish to name a designee to submit their renewal or application paperwork will benefit from the new allowance in the rules.

Licensees under these chapters will benefit from having outdated information removed and references updated.

Physicians performing abortions or ordering abortion-inducing drugs will benefit from clearer guidance on what is required of them.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

Adding a new license type is estimated to cost $30,000. Adding the license type and changing a subsection of licensees to a three-year renewal cycle will have costs related to development and staff time, but exact costs are not known.

- **Qualitative description of impact:**

The majority of this rulemaking implements changes required by 2026 Iowa Acts. Licensees will benefit by having rules that are up to date, reflect current laws, and provide accurate practice guidance.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Implementing a new license type is estimated to cost $30,000 based on previous experience. There will be additional costs related to staff time and database adjustments to move from a two-year to a three-year renewal cycle for a subsection of licensees. There are no anticipated costs to the agency associated with 2026 Iowa Acts, Senate File 2184.

- **Anticipated effect on State revenues:**

There will be minimal effect on State revenues over the long term, although there could be some minor changes in inflow from physician licensing fees as the change from two years to three years is implemented. There is no anticipated effect on State revenues related to Senate File 2184.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

The majority of this rulemaking implements changes required by 2026 Iowa Acts. The other changes are very minor and do not affect costs, only serving to update and modernize the Board's rules.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

There is no alternative to updating the language in these rules. The majority of this rulemaking implements required changes directed by 2026 Iowa Acts.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

The majority of this rulemaking implements required changes directed by 2026 Iowa Acts. For the few remaining changes proposed, the alternative would be to keep outdated rules.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

The majority of this rulemaking implements required changes directed by 2026 Iowa Acts. For the few remaining changes proposed, the alternative is not desirable to keeping the Department's rules current and relevant.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

There are no anticipated significant effects on small business, except perhaps small, independent physician practices. Small physician clinics will bear a greater burden adjusting the new written certification requirements and adjustments to the new renewal cycle and continuing education credit requirements. However, there is no way to reduce this already small burden without statutory changes.

Text of Proposed Rulemaking

ITEM 1. Amend subrule 651.4(1) as follows:

651.4(1) Fees for permanent licensure.

a. Initial licensure, ~~$450~~ $675 plus the $45 fee for evaluation of the fingerprint packet and the criminal history background checks by the DCI and FBI.

b. Reactivation of application for licensure, ~~$150~~ $225.

c. Renewal of an active license to practice.

(1) ~~$550 if renewal is made via paper application, or $450 if renewal is made via online application,~~ $675 per ~~biennial~~ triennial period or a prorated portion thereof if the current license was issued for a period of less than ~~24~~ 36 months.

(2) No change.

d. and *e.* No change.

f. Reactivation of a license to practice one year or more after becoming inactive, ~~$500~~ $750 plus the $45 fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks.

g. Reactivation of a license within one year of becoming inactive, ~~$550~~ $825 except when the license in the most recent license period had been granted for less than ~~24~~ 36 months. In that case, the reinstatement fee is prorated according to the date of issuance and the physician's ~~month and year of~~ birth date.

ITEM 2. Renumber subrules **651.4(5)** and **651.4(6)** as **651.4(6)** and **651.4(7)**.

ITEM 3. Adopt the following **new** subrule 651.4(5):

651.4(5) Fees for emeritus licensure.

a. Initial licensure, $337.50 plus the $45 fee for evaluation of the fingerprint packet and the DCI and FBI criminal history background checks.

b. Renewal, $337.50 per triennial period or a prorated portion thereof if the current license was issued for a period of less than 36 months.

ITEM 4. Amend subrule 651.5(1) as follows:

651.5(1) *Verification fees.*

a. Physicians shall use VeriDoc to secure a certified statement that verifies Iowa licensure status for any state medical board that accepts VeriDoc. VeriDoc is accessible at www.veridoc.org. ~~The fee for this service is $30.~~ The licensee is responsible for the fee charged by VeriDoc.

b. A physician who needs a certified statement that verifies Iowa licensure status for a ~~state~~ medical board that does not accept verification from VeriDoc shall make a written request for a certified statement with payment of a $30 verification fee to the board of medicine. The board shall provide a certified statement that verifies Iowa licensure status to the nonaccepting state medical board.

c. The fee for verification of Iowa licensure status that does not require a certified statement or letter is ~~$15~~ $20.

d. The board provides an electronic verification service whereby users can input the licensee's name or license number to learn the licensee's current licensure status. There is no fee for this service. ~~The board shall provide a license number for an individual caller to use in the automated telephone or electronic verification service.~~ Businesses that utilize verifications will be required to utilize the automated telephone or electronic verification service or the alternative outlined in paragraph 651.5(1)*"c."*

ITEM 5. Rescind and reserve subrule **651.5(2)**.

ITEM 6. Amend subrule 651.6(1) as follows:

651.6(1) *Public records available at no cost.* The following records are available at no cost to the public:

a. Public action taken by the board against a licensee may be found ~~under the licensee's name~~ on the ~~board's~~ department's website ~~under "Find A Physician." Public actions are posted on the board's website within approximately one week after the board has taken action~~.

b. Electronic files of press releases, statements of charges, final orders and consent agreements from each board meeting are available on the ~~board's~~ department's website.

ITEM 7. Amend rule 481—651.7(147,148,272C) as follows:

481—651.7(147,148,272C) Licensee data list. A data list of all physicians and acupuncturists includes the following information about each licensee: full name, ~~year of birth,~~ work address ~~and telephone number (or other contact information on file if licensee's work address and telephone number are not available)~~, Iowa county (if applicable), medical school (if applicable), year of graduation from medical school (if applicable), two medical specialties (if available), license issue date, license expiration date, license number, license type, license status, and an indicator of whether the board has taken any public action on the license. There is no fee for an electronic file of this list. A printed copy of the data list is available for a fee.

ITEM 8. Amend **481—Chapter 652**, title, as follows:

PERMANENT, EMERITUS, AND ADMINISTRATIVE MEDICINE PHYSICIAN LICENSURE

ITEM 9. Adopt the following **new** definition of "Emeritus licensure" in rule **481—652.1(147,148)**:

"Emeritus licensure" means licensure granted to a physician, surgeon, or osteopathic physician or surgeon who is at least 60 years of age and who is or will be primarily engaged in the practice of supervising and training resident physicians.

ITEM 10. Amend rule **481—652.1(147,148)**, definition of "Relinquishment" as follows:

"Relinquishment" means that a person's permanent or emeritus license to practice medicine and surgery, osteopathic medicine and surgery, or administrative medicine is deemed abandoned if the

person fails to renew or reactivate the license within five years after its expiration. A license that has been relinquished is no longer valid or renewable. Relinquishment is not disciplinary in nature.

ITEM 11. Amend subrule 652.3(1) as follows:

652.3(1) *Requirements.* To be eligible for permanent, emeritus, or administrative medicine licensure, an applicant shall:

a. to *d.* No change.

ITEM 12. Amend paragraph **652.4(1)"b"** as follows:

b. Complete and submit the application and forms provided by the board, including required core credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all information provided by the applicant that has been signed by the applicant in the physical presence of a notary public. A physician may delegate to another individual the authority to submit an application for licensure on the physician's behalf, but the applying physician retains all responsibility for ensuring accurate and complete information is submitted.

ITEM 13. Amend paragraph **652.6(1)"d"** as follows:

d. The following conditions apply to applicants for licensure in Iowa who utilize USMLE as the licensure examination:

(1) Passing Steps 1, 2, and 3 is required within a ~~ten-year~~ seven-year period beginning with the date of passing either Step 1 or Step 2, whichever occurred first. If the applicant did not pass Steps 1, 2, and 3 within the required time frame, then the requirement will be satisfied by either proof of active board certification by the ABMS or AOA or proof the delay was caused by participation in a joint M.D./Ph.D. or D.O./Ph.D. program.

(2) and (3) No change.

(4) Successful completion of a continuous, progressive three-year resident training program is required if the applicant passes the examination after more than ~~six~~ four attempts on Step 1 or ~~six~~ four attempts on Step 2 CK and Step 2 CS combined or ~~three~~ four attempts on Step 3.

(5) An applicant may petition the board to sponsor a fifth attempt on a USMLE examination. USMLE determines if an applicant can make a fifth attempt.

ITEM 14. Amend subrules 652.7(2) to 652.7(4) as follows:

652.7(2) After reviewing each application, board staff will notify the applicant or designee about how to resolve any problems. An applicant or an applicant's designee shall provide additional information when requested by staff or the board.

652.7(3) If the final review indicates no questions or concerns regarding the applicant's qualifications for licensure, staff may administratively grant the license. The staff may grant the license without having received a report on the applicant from the FBI. Licenses shall be granted within 45 calendar days of receipt of a fully completed application unless the board notifies the applicant or the applicant's designee and, if applicable, the applicant's employer of specific concerns that would delay review.

652.7(4) If the final review indicates questions or concerns that cannot be remedied by continued communication with the physician or the physician's designee, the executive director, director of licensure and director of legal affairs will determine if the questions or concerns indicate any uncertainty about the applicant's current qualifications for licensure.

a. and *b.* No change.

ITEM 15. Rescind subrule **652.9(2)**.

ITEM 16. Renumber subrule **652.9(3)** as **652.9(2)**.

ITEM 17. Amend subrule 652.10(1) as follows:

652.10(1) *Issuance.* Upon the granting of permanent, emeritus or administrative medicine licensure, staff will issue a license to practice that will expire on the ~~first day of the~~ licensee's birth ~~month~~ date.

a. ~~Licenses of persons born in even-numbered years shall expire in an even-numbered year, and licenses of persons born in odd-numbered years shall expire in an odd-numbered year.~~ After the initial license, licenses shall be valid for a period of three years.

b. The initial license shall not be issued for a period less than two months or greater than ~~two~~ three years and two months~~, in accordance with the licensee's month and year of birth~~.

c. to *e.* No change.

f. When a physician with a permanent Iowa license receives an Iowa emeritus medicine license, the permanent Iowa license will immediately become inactive.

~~*f.*~~ *g.* A physician with an active permanent or emeritus Iowa license is ineligible for an Iowa resident license.

ITEM 18. Amend subrule 652.11(2) as follows:

652.11(2) *Change of name.* A licensee shall notify the board of any change in name within one month of making the name change. Notification requires ~~a notarized copy of a marriage license or a notarized copy of court documents~~ submitting acceptable proof of name change via one or more legal documents that show both the previous full legal name and the new full legal name.

ITEM 19. Amend rule 481—652.12(147,148) as follows:

481—652.12(147,148) Renewal of a permanent, emeritus, or administrative medicine license.

652.12(1) No change.

652.12(2) *Renewal application requirements.* A licensee seeking renewal shall submit a completed renewal application; information on continuing education, training on chronic pain management, training on end-of-life care, ~~and~~ training on identifying and reporting abuse, and training on nutrition and metabolic health; and the required fee prior to the expiration date on the current license.

a. and *b.* No change.

652.12(3) *Issuance of a renewal.* Upon receipt of the completed renewal application, staff will administratively issue a ~~two-year~~ three-year license that expires on the ~~first day of the~~ licensee's birth ~~month~~ date. In the event the board receives adverse information on the renewal application, the board will issue the renewal license but may refer the adverse information for further consideration. An emeritus license may only be renewed once.

652.12(4) and **652.12(5)** No change.

ITEM 20. Amend subrule 652.14(1) as follows:

652.14(1) *Reactivation 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; the reinstatement fee; documentation of continuing education, if applicable; and, if applicable, documentation on training on chronic pain management, end-of-life care, ~~and~~ identifying and reporting abuse, and nutrition and metabolic health. 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.

a. to *d.* No change.

ITEM 21. Adopt the following **new** subparagraphs **652.14(1)"b"(3)** and **652.14(1)"b"(4)**:

(3) Training on nutrition and metabolic health, if applicable, within the previous four years.

(4) Continuing education credits are not required to reactivate an emeritus license.

ITEM 22. Amend paragraph **652.14(2)"c"** as follows:

c. Provide documentation of completion of ~~40~~ 60 hours of category 1 credit within the previous ~~two~~ three years and documentation of training on chronic pain management, end-of-life care, ~~and~~ identifying and reporting abuse, and nutrition and metabolic health, as applicable, as specified in 481—Chapter 654.

ITEM 23. Amend rule 481—652.16(147,148) as follows:

481—652.16(147,148) Relinquishment of license to practice. A person's permanent or emeritus license to practice medicine and surgery, osteopathic medicine and surgery, or administrative medicine shall be deemed relinquished if the person fails to apply for renewal or reactivation of the license within five years after its expiration.

652.16(1) and **652.16(2)** No change.

ITEM 24. Renumber rules **481—652.18(147,147B,148)** and **481—652.19(147,148)** as **481—652.19(147,147B,148)** and **481—652.20(147,148)**.

ITEM 25. Adopt the following **new** rule 481—652.18(147,148):

481—652.18(147,148) Emeritus medicine licensure.

652.18(1) *Application.* An application for an emeritus medicine license shall be made to the board of medicine pursuant to the requirements established in Iowa Code section 148.4 as enacted by 2026 Iowa Acts, Senate File 469, and this chapter. An applicant for an emeritus medicine license shall be subject to all of the permanent licensure requirements established in Iowa Code section 148.4 as enacted and this chapter. The board may issue an emeritus medicine license authorizing the licensee to practice medicine as defined by this rule. The license shall be designated "emeritus medicine license."

652.18(2) *Fees.* All license and renewal fees shall be paid to the board in accordance with 481—Chapters 651 and 652.

652.18(3) *Demonstration of competence and eligibility.*

a. If an applicant for initial licensure or reactivation of an emeritus medicine license has not actively practiced clinical medicine in a jurisdiction of the United States or Canada in the past three years, the board may require the applicant to demonstrate competence in a method prescribed by the board in accordance with paragraph 652.14(2)*"d."*

b. A physician who holds an emeritus medicine license shall be at least 60 years of age.

c. A physician who holds an emeritus medicine license must be primarily engaged in the supervising and training of resident physicians, spending no less than 51 percent of work hours engaged in such activities.

652.18(4) *Limited exemptions to laws and rules.* A physician with an emeritus medicine license is not required to complete continuing education credits to apply or renew but is subject to all other laws and rules governing the practice of medicine as a person holding a permanent Iowa medical license.

652.18(5) *Interstate medical licensure compact.* A physician who holds only an emeritus medicine license may not be eligible for licensure under the interstate medical licensure compact.

ITEM 26. Amend renumbered subparagraph **652.19(1)"a"(4)** as follows:

(4) If the applicant does not meet any of the requirements under subparagraph ~~652.18(1)~~ 652.19(1)*"a"*(1), *"a"*(2), or *"a"*(3), the applicant can designate Iowa as the state of principal license if Iowa is the applicant's state of residence for the purposes of federal income tax.

ITEM 27. Rescind the definitions of "Training for chronic pain management," "Training for end-of-life care" and "Training for identifying and reporting abuse" in rule **481—653.1(147,148)**.

ITEM 28. Amend paragraph **653.3(1)"j"** as follows:

j. A resident physician licensee's file shall be closed and labeled "deceased" when the board receives a copy of the physician's death certificate or other reliable information of the licensee's death.

ITEM 29. Amend paragraph **653.4(1)"h"** as follows:

h. A special physician licensee file will be closed and labeled "deceased" when the board receives a copy of the physician's death certificate or other reliable information of the licensee's death.

ITEM 30. Amend subparagraph **653.4(6)"b"(3)** as follows:

(3) Evidence of continuing education and training on chronic pain management, end-of-life care, ~~and~~ identifying and reporting abuse, and nutrition and metabolic health, as applicable, as specified in 481—Chapter 654; and

ITEM 31. Amend paragraph **653.5(1)"g"** as follows:

g. The file of a physician who holds a temporary license will be closed and labeled "deceased" when the board receives a copy of the physician's death certificate or other reliable information of the licensee's death.

ITEM 32. Amend paragraph **653.6(1)"g"** as follows:

g. A provisional licensee file will be closed and labeled "deceased" when the board receives a copy of the physician's death certificate or other reliable information of the licensee's death.

ITEM 33. Adopt the following **new** definitions of "Training for chronic pain management" and "Training for end-of-life care" in rule **481—654.1(272C)**:

"Training for chronic pain management" means required training on chronic pain management identified in this chapter.

"Training for end-of-life care" means required training on end-of-life care identified in this chapter.

ITEM 34. Amend rule **481—654.1(272C)**, definition of "Training for identifying and reporting abuse," as follows:

"Training for identifying and reporting abuse" means training ~~as described in Iowa Code section 232.69; the full requirements for reporting of dependent adult abuse and the training requirements are in Iowa Code section 235B.16~~ on identifying and reporting child abuse or dependent adult abuse required of physicians who regularly provide primary health care to children or adults, respectively.

ITEM 35. Amend subrule 654.2(3) as follows:

654.2(3) Each year, the board acknowledges up to ten hours of category 1 credits for physicians who served on the board or Iowa professional health committee, are actively serving alternate members, or performed peer reviews in the previous year. Recipients are notified by the board's executive director via mail or email in January.

ITEM 36. Amend rule 481—654.3(272C) as follows:

481—654.3(272C) Continuing education and training requirements for renewal or reactivation. A licensee shall meet the requirements in this rule to qualify for renewal of a permanent license, an administrative medicine license, or special license or to qualify for reactivation of a permanent license or an administrative medicine license. Emeritus licensees are exempt from continuing education requirements.

654.3(1) *Continuing education and training requirements.*

a. Continuing education for permanent license or administrative medicine license renewal. Except as provided in these rules, a total of ~~40~~ 60 hours of category 1 credit or board-approved equivalent is required for ~~biennial~~ triennial renewal of a permanent license or an administrative medicine license. This may include up to ~~20~~ 30 hours of carryover credit.

(1) To facilitate license renewal according to birth ~~month~~ date, a licensee's first license may be issued for less than ~~24~~ 36 months. The number of hours of category 1 credit required of a licensee whose license has been issued for less than ~~24~~ 36 months shall be reduced on a pro-rata basis.

(2) A licensee desiring to obtain credit for carryover hours reports the carryover, not to exceed ~~20~~ 30 hours of category 1 credit, on the renewal application.

b. to *e.* No change.

f. Training for nutrition and metabolic health. A licensee practicing family medicine, internal medicine, pediatrics, psychiatry, endocrinology, gastroenterology, cardiology, oncology, rheumatology, neurology, nephrology, dermatology, pulmonology, surgery, immunology, hematology, obstetrics, or gynecology shall complete a minimum of one hour of continuing education on nutrition and metabolic health every four years. A licensee shall complete the training for nutrition and metabolic health 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 654.3(1)*"a."*

654.3(2) and **654.3(3)** No change.

654.3(4) *Reactivation requirement.* An applicant for license reactivation whose license has been inactive for one year or more shall provide proof of successful completion of ~~40~~ 60 hours of category 1 credit completed within ~~24~~ 36 months prior to submission of the application for reactivation or proof of successful completion of SPEX or COMVEX-USA within one year immediately prior to the submission of the application for reinstatement.

654.3(5) and **654.3(6)** No change.

654.3(7) *Audits.* The board may audit continuing education and training documentation at any time. A licensee shall respond to a board audit and provide all materials requested within 30 days of a request made by ~~board~~ department staff.

654.3(8) No change.

ITEM 37. Amend paragraph **655.2(5)"b"** as follows:

b. A physician who prescribes, dispenses or administers opioids to patients for the treatment of chronic pain should become familiar with the U.S. Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain published on ~~March 15, 2016~~ November 4, 2022.

ITEM 38. Amend paragraph **655.2(10)"f"** as follows:

f. Responsible Opioid Prescribing: A Physician's Guide. In 2007, in collaboration with author Scott Fishman, M.D., the Federation of State Medical Boards' (FSMB's) Research and Education Foundation published a book on responsible opioid prescribing based on the FSMB Model Policy for the Use of Controlled Substances for the Treatment of Pain. The 2014 expanded edition is titled Responsible Opioid Prescribing: A Clinician's Guide.

ITEM 39. Rescind subrule **655.4(2)**.

ITEM 40. Renumber subrule **655.4(3)** as **655.4(2)**.

ITEM 41. Amend subrule **655.6(1)**, definition of "Medical aesthetic service," as follows:

"Medical aesthetic service" means the diagnosis, treatment, or correction of human conditions, ailments, diseases, injuries, or infirmities of the skin, hair, nails and mucous membranes by any means, methods, devices, or instruments including the use of a biological or synthetic material, chemical application, mechanical device, or displaced energy form of any kind if it alters or damages or is capable of altering or damaging living tissue below the superficial epidermal cells, with the exception of hair removal. Medical aesthetic service includes~~,~~ but is not limited to~~,~~ the following services: ablative laser therapy; vaporizing laser therapy; nonsuperficial light device therapy; injectables; tissue alteration services; nonsuperficial light-emitting diode therapy; nonsuperficial intense pulse light therapy; nonsuperficial radiofrequency therapy; nonsuperficial ultrasonic therapy; nonsuperficial exfoliation; nonsuperficial microdermabrasion; nonsuperficial dermaplane exfoliation; nonsuperficial lymphatic drainage; collagen induction therapy (microneedling); fat-freezing treatment (cool sculpting); ~~botox~~ botulinum toxin (Botox or other brand) injections; collagen injections; and tattoo removal.

ITEM 42. Amend rule 481—655.14(146A) as follows:

481—655.14(146A) Abortion prerequisites.

655.14(1) *Examination.* Prior to performing or ordering medication to induce an abortion, as defined in Iowa Code section 146B.1, a physician shall perform an in-person examination of the pregnant woman; screen for indicia of coercion or abuse; and, if indicated, refer the woman to an appropriate health care provider for treatment consistent with the examination results.

~~655.14(1)~~ 655.14(2) *Written certification requirements for abortion and induction of abortion.*

a. Abortion. At least 24 hours prior to performing an abortion, a physician shall obtain written certification from the pregnant woman of each prerequisite as required in Iowa Code ~~sections~~ section

146A.1(1)*"a"* through 146A.1(1)*"d"*(1). The written certification shall list each required prerequisite separately and shall include a line for date and signature of the pregnant woman. The physician shall maintain a copy of the certification as part of the pregnant woman's medical records.

b. Inducing abortion. Prior to prescribing or dispensing an abortion-inducing drug, a physician shall obtain written certification from the pregnant woman of each prerequisite as required in Iowa Code section 146A.2(2)*"a"* through *"c."* The written certification shall list each required prerequisite separately and shall include a line for date and signature of the pregnant woman. The physician shall maintain a copy of the certification as part of the pregnant woman's medical records. Additionally, prior to dispensing an abortion-inducing drug, all requirements of Iowa Code section 146F.2(1)*"a"* and *"b"* must be met and the health care professional prescribing the drug must document compliance in the medical record and maintain a copy.

~~655.14(2)~~ 655.14(3) *Exceptions.* ~~This rule~~ Subrules 655.14(1) and 655.14(2) shall not apply to abortions performed in a medical emergency, as provided in Iowa Code section 146A.1(2).

~~655.14(3)~~ 655.14(4) *Discipline.* Failure to comply with this rule or the requirements of Iowa Code ~~section~~ sections 146A.1 and 146A.2 and chapter 146F may constitute grounds for discipline.