

135.157 Definitions.

As used in this division, unless the context otherwise requires:

1. “*Board*” means the state board of health created pursuant to section 136.1.
2. “*Dental home*” means a network of individualized care based on risk assessment, which includes oral health education, dental screenings, preventive services, diagnostic services, treatment services, and emergency services.
3. “*Department*” means the department of public health.
4. “*Health care professional*” means a person who is licensed, certified, or otherwise authorized or permitted by the law of this state to administer health care in the ordinary course of business or in the practice of a profession.
5. “*Medical home*” means a team approach to providing health care that originates in a primary care setting; fosters a partnership among the patient, the personal provider, and other health care professionals, and where appropriate, the patient’s family; utilizes the partnership to access and integrate all medical and nonmedical health-related services across all elements of the health care system and the patient’s community as needed by the patient and the patient’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 section 135.158.
6. “*National committee for quality assurance*” means the nationally recognized, independent nonprofit organization that measures the quality and performance of health care and health care plans in the United States; provides accreditation, certification, and recognition programs for health care plans and programs; and is recognized in Iowa as an accrediting organization for commercial and Medicaid-managed care organizations.
7. “*Personal provider*” means the patient’s first point of contact in the health care system with a primary care provider who identifies the patient’s health-related needs and, working with a team of health care professionals and providers of medical and nonmedical health-related services, provides for and coordinates appropriate care to address the health-related needs identified.
8. “*Primary care*” means health care which emphasizes providing for a patient’s general health needs and utilizes collaboration with other health care professionals and consultation or referral as appropriate to meet the needs identified.
9. “*Primary care provider*” means any of the following who provide primary care and meet certification standards:
 - a. A physician who is a family or general practitioner, a pediatrician, an internist, an obstetrician, or a gynecologist.
 - b. An advanced registered nurse practitioner.
 - c. A physician assistant.
 - d. A chiropractor licensed pursuant to chapter 151.

2008 Acts, ch 1188, §44; 2009 Acts, ch 41, §43; 2013 Acts, ch 138, §121, 127, 174, 187

Referred to in §249N.2

[T] 2013 amendment to subsection 2 takes effect January 1, 2014; 2013 Acts, ch 138, §127

[T] NEW subsection 2 and former subsections 2 – 8 renumbered as 3 – 9

[T] Subsections 5 and 7 amended