NURSING BOARD[655]

[Prior to 8/26/87, see Nursing, Board of[590], renamed Nursing Board[655]
under the "umbrella" of Public Health Department by 1986 Iowa Acts, ch 1245]

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CHAPTER 1
ADMINISTRATIVE AND REGULATORY AUTHORITY

[Prior to 8/26/87, Nursing Board[590] Ch 1]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/4/30

655—1.1(17A,147,152,152E,272C) Description and organization of the board.

1.1(1) *Board composition.* The composition of the board is established in Iowa Code section 147.14.

1.1(2) *Board leadership and committees.* The board annually selects a chairperson and a vice chairperson from its own membership. The election of chairperson and vice chairperson, as well as standing committee assignments, is done during the first regularly scheduled meeting after May 1.

1.1(3) *Board authority.* The board's authority for regulating nursing education, nursing practice, and continuing education for nurses in the state of Iowa is found in Iowa Code chapters 147, 147A, 152, 152E, and 272C.

[**ARC 9158C**, IAB 4/30/25, effective 6/4/25]

655—1.2(17A,152,152E,272C) Responsibilities. The responsibilities of the board include but are not limited to:

1. Licensing qualified applicants for the practice of nursing by examination, endorsement, renewal, and compact privilege pursuant to Iowa Code chapters 147, 152, 152E, and 272C.
2. Conducting investigations and imposing discipline for violations of statutes or rules related to the practice of nursing pursuant to Iowa Code chapters 147, 152, and 272C.
3. Approving nursing education programs pursuant to Iowa Code section 152.5.
4. Collecting, analyzing, and disseminating nursing workforce data pursuant to Iowa Code section 152.4.
5. Overseeing the nursing profession through policymaking and rulemaking.

[**ARC 9158C**, IAB 4/30/25, effective 6/4/25]

655—1.3(17A,272) Submission of requests, obtaining information, and board office. Members of the general public may obtain information or submit requests or complaints relative to the licensure of nursing, practice of nursing, nursing education, continuing education, or any other matters relating to the function and authority of this board. Correspondence should be submitted to the executive director at the board office. The board office is located at 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

[**ARC 9158C**, IAB 4/30/25, effective 6/4/25]

655—1.4(17A,21) Meetings.

1.4(1) *Quorum.* A majority of the members of the board constitutes a quorum.

1.4(2) *Meeting schedule and public notice.* The board will schedule and hold regular meetings. The date, time, and location of each meeting of the board will be made available to the public on the board's website and upon request by contacting the board office.

1.4(3) *Special meetings.* Special meetings of the board may be called by the chairperson or upon request of four board members to the chairperson or the executive director.

1.4(4) *Meeting materials.* Materials received at the board office at least three weeks prior to a scheduled board meeting may be placed on the agenda. Materials from emergency or unusual circumstances may be added to the agenda with the chairperson or executive director's approval.

1.4(5) *Public observation and comment.* The board will provide a means for members of the public to observe and, when appropriate, offer public comment during board meetings unless the board votes to hold a closed session.

a. Anyone who has submitted materials for the agenda or whose presence has been requested by the board will be given the opportunity to address the board.

b. At every regularly scheduled board meeting, time will be designated for public comment. During the time on the agenda for public comment, anyone may speak for up to two minutes per person. Requests to speak at a later time for two minutes per person when a particular topic comes before the board should be made at the time for public comment and will be granted at the discretion of the chairperson. No more

than ten minutes will be allotted to public comment at any one time unless the chairperson indicates otherwise.

c. An individual who has not asked to address the board during the time for public comment may be recognized by the chairperson upon request. Acknowledgment and an opportunity to speak will be at the discretion of the chairperson.

[**ARC 9158C**, IAB 4/30/25, effective 6/4/25]

655—1.5(147,152,272C) Communications. The board may issue or disseminate communications as a means to provide information to licensees and the general public related to the mission and responsibilities of the board. Board communications may include but are not limited to publishing updates on its website, issuing a newsletter, and other written, audio, or video methods of communication.

[**ARC 9158C**, IAB 4/30/25, effective 6/4/25]

655—1.6(17A,272C) Adoption of uniform and model rules. The board hereby adopts by reference the following:

1.6(1) Uniform Rules on Agency Procedure, 481—Chapters 2 through 6.

1.6(2) Military service, veteran reciprocity, and spouses of active-duty service members, 481—Chapter 7.

1.6(3) Licensing and child support noncompliance, student loan repayment noncompliance, and nonpayment of state debt, 481—Chapter 8.

1.6(4) Model rules for use of criminal convictions in eligibility determinations and initial licensing decisions, 481—Chapter 502.

1.6(5) Model rules for licensee review committee, 481—Chapter 505.

1.6(6) Model rules for contested cases before licensing boards, 481—Chapter 506.

[**ARC 9158C**, IAB 4/30/25, effective 6/4/25]

These rules are intended to implement Iowa Code chapters 17A, 147, 152, 152E, and 272C.

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[Filed ARC 9158C (Notice ARC 8762C, IAB 1/22/25), IAB 4/30/25, effective 6/4/25]

CHAPTER 2
NURSING EDUCATION PROGRAMS

[Prior to 8/26/87, Nursing Board[590] Ch 2]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/4/30

655—2.1(152) Definitions.

"Approval" means recognition status given to nursing education programs based on the programs' compliance with the criteria specified in this chapter. Approval may be granted or continued for any time period determined by the board for up to six years.

"Clinical facilities" means locations where students directly care for patients/clients under the supervision of a qualified faculty member.

"Clinical instruction" means hands-on learning situations in which students directly care for patients/clients within a relevant setting, under the supervision of a qualified faculty member.

"Content" means the subject matter in a given area of study.

"Controlling institution" means the institution that has authority over and administrative accountability for the program(s).

"Curriculum" means content, lab/simulation, observation and clinical experiences developed, implemented and evaluated by faculty to facilitate achievement of program outcomes and to meet the learning needs of students.

"Debriefing" means an activity that follows a simulation experience and that is led by a faculty member, encourages a participant's reflective thinking, and provides feedback regarding the participant's performance.

"Faculty" means the teaching staff in a nursing education program. This definition includes anyone who provides didactic, simulation, laboratory, or clinical instruction in nursing when assigned by the program to provide this instruction for courses included in the nursing curriculum. The definition applies regardless of the amount of time spent teaching, the level of payment, the type of contract, the temporary nature of the position, or the location of the learner.

"Head of program" means the dean, chairperson, director, or coordinator of the nursing education program(s) who is responsible for the administration of the program(s).

"Improvement status" means the status on which a program is placed after three consecutive years of NCLEX® results below 95 percent of the national NCLEX® passing percentage.

"Interim approval" means approval granted to a new nursing program, at which time students may be admitted into the program.

"Lab/simulation" means activities that mimic the reality of a clinical environment and that are designed to demonstrate procedures, decision-making and critical thinking through interactive experiences.

"Learning experiences" means experiences that shall include content and clinical instruction and that may include components of lab/simulation, practicum, and observation.

"Located in Iowa" means a college or university that is accredited by the Higher Learning Commission, that has made a substantial investment in a permanent Iowa campus and staff, and that offers a full range of courses leading to the degrees offered by the institution as well as a full range of student services.

"National NCLEX® passing percentage" means the percentage of first-time testers who achieve a passing score on the NCLEX® examination for licensed practical nurse or registered nurse licensure, calculated on a calendar year basis.

"NCLEX®" means the National Council Licensure Examination, the examination currently used for initial licensure as a registered nurse or licensed practical nurse.

"NCLEX® passing percentage" means the percentage of first-time testers who achieve a passing score on the NCLEX® examination for licensed practical nurse or registered nurse licensure within six months of graduation from a nursing program, calculated on a calendar year basis.

"Observation" means learning experiences in a relevant setting that meet program outcomes but do not require on-site faculty supervision and where the student does not directly care for patients/clients.

"Out-of-state program" means an approved nursing program within United States jurisdiction that provides clinical experiences in Iowa.

"Practicum" means a course of study designed especially for the preparation of nurses that involves the supervised practical application of previously studied theory.

"Preceptor" means a licensed individual who meets Iowa board of nursing qualifications as specified in this chapter, is on staff at the facility where the experience occurs, is selected by the nursing program in collaboration with the clinical facility, and is responsible for the on-site direction of the student over a period of time.

"Preceptorship" means an experience between a preceptor and a nursing student over a period of time that is congruent with program outcomes.

"Program" means a course of study by any method of instruction or delivery that leads to a nursing diploma, degree or certificate. Multiple-site programs offered by one controlling institution shall be considered one program if the philosophy and curriculum of all the sites are the same.

"Qualified nursing faculty" means individuals who meet board faculty qualifications as specified in this chapter and the qualifications of the parent institution.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.2(152) Programs eligible for board approval. Programs eligible for board approval shall include all of the following:

1. At least a one-academic-year course of study or its equivalent in theory and practice that leads to a diploma in practical nursing and to eligibility to apply for practical nurse licensure by examination as described in 655—Chapter 3.
2. At least a two-academic-year course of study or its equivalent in theory and practice that leads to a degree in nursing and to eligibility to apply for registered nurse licensure by examination as described in 655—Chapter 3.
3. A course of study for registered nurses that leads to a baccalaureate degree with a major in nursing.
4. A course of study for registered nurses that leads to a master's degree with a major in nursing.
5. A course of study for registered nurses who hold a master's degree in nursing that leads to a certificate in advanced practice nursing and eligibility for licensure as an advanced registered nurse practitioner as described in 655—Chapter 7.
6. A post-master's course of study that leads to a doctoral degree with a major in nursing.
7. A course of study that leads to a doctorate in nursing practice.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.3(152) Application for interim approval of a nursing program.

2.3(1) Before establishing a nursing program, a controlling institution shall submit a program application to the board, including:

a. Name and address of the controlling institution.

b. A written statement explaining how the college or university meets the definition of "located in Iowa."

c. Accreditation status of the controlling institution.

d. A written statement of intent to establish a nursing program, including the academic and licensure levels of the program and the primary method of instruction.

e. The establishment of an advisory committee composed of representatives of the community and nurses. Minutes of advisory committee meetings shall be kept on file.

f. Completion of a needs assessment that includes:

(1) Documentation of the present and future need for the program in the state, including the need for entry-level nurses.

(2) Potential effect on existing nursing programs.

(3) Availability of qualified head of the program and faculty.

(4) Source and description of clinical resources for the program.

(5) Evidence of potential students and anticipated enrollment.

(6) Documentation of adequate academic facilities and staff to support the nursing program.

(7) Evidence of financial resources adequate for the planning, implementation and continuation of the nursing program.

(8) Tentative time schedule for planning and implementing the nursing program and the intended date for entry of the first class into the program.

2.3(2) The proposed program shall submit the following prior to enrolling students:

a. Evidence of employment of the head of the program, including the individual's qualifications, at least six months prior to the beginning of the first nursing course.

b. Program philosophy, objectives and outcomes that reflect the proposed level of education.

c. Organizational chart of the educational institution documenting the relationship of the nursing program within the institution.

d. Curriculum plan that meets the criteria in rule 655—2.10(152).

e. Letter of intent from clinical facilities securing clinical opportunities and documentation of the facility type, size, number of beds, and type of patients.

f. Evidence of faculty employed by the controlling institution prior to the beginning of teaching assignments. Faculty members who teach nursing shall meet the qualifications outlined in subrule 2.11(2).

g. Proposed five-year budget for the nursing education program.

2.3(3) The board may conduct a site visit to the controlling institution and clinical facilities to validate information submitted in the program proposal prior to determining interim approval status.

2.3(4) Interim approval may be granted to the program based on the program proposal and a site visit.

a. The controlling institution shall publish the interim approval status of the program.

b. The program shall submit an annual report by June 30th of each year until full approval as described in rule 655—2.4(152) is granted by the board. The report shall include the following:

(1) Updated information in all areas identified in the initial proposal.

(2) Current number of admissions and enrollments.

(3) Current number of qualified faculty.

(4) New course offerings, including descriptions, credit hours, outcomes/objectives, placement of course and curriculum submitted six months prior to the offering of courses.

(5) Changes requiring board notification and approval as outlined in subrule 2.17(3).

c. Interim approval continues until the board conducts a review of program materials, completes a site visit, and grants approval to the program following graduation of the first class and submission of results of the national examination for licensure or advanced practice certification, if applicable.

d. The board may at any time seek additional program information from the controlling institution and head of the program.

2.3(5) The board may deny interim approval based on the program proposal and a site visit.

a. In order to be reconsidered, the controlling institution shall resubmit a program proposal within six months from the time of program application.

b. One year from the initial application, the controlling institution may resubmit a program application to the board in order to be reconsidered.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.4(152) Approval and reapproval of in-state nursing programs.

2.4(1) The full approval for nursing programs located in Iowa requires the following:

a. Completion of a board survey visit by board representative(s).

b. Submission of the program's systematic evaluation plan.

c. Employment of qualified faculty and head of program.

d. Annual reports.

e. Documentation supporting compliance of nursing program criteria.

2.4(2) The board provides the program with the schedule and the criteria for approval or reapproval.

2.4(3) The program provides to the board the nursing education program report and supporting documentation addressing all aspects of the program outlined in rules 655—2.8(152) through 655—2.18(152).

2.4(4) A focused site visit may happen due to any of the following:

a. Complaints from students, faculty and clinical agencies.

b. Frequent turnover of faculty and the head of the program.

c. Decreasing trends in outcomes including NCLEX® pass rates.

d. Evidence that the program does not meet the criteria for approval.

2.4(5) The board will provide a report addressing recommendations from the site visit and nursing education program report to the head of the program. The head of the program will have an opportunity to respond in writing to the recommendations.

2.4(6) The nursing education program report and the program response is submitted to the board for review.

2.4(7) The board determines the approval status of the program.

a. Full approval may be granted or continued, within any time frame determined by the board, up to six years.

b. Conditional approval may be granted as determined by the board.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.5(152) Conditional approval.

2.5(1) Conditional approval may be granted if the board determines that the program does not meet the criteria for approval at any time during the progression of the program.

2.5(2) The board:

a. Will notify the president of the academic institution and head of the nursing program, in writing, of the program's conditional approval status. The nursing program will be given a reasonable period of time to submit an action plan to correct the identified program deficiencies.

b. May request progress reports and conduct a site visit at any time during the conditional approval.

2.5(3) The program shall notify all students and prospective students of the program's conditional approval status.

2.5(4) Prior to the expiration of a program's conditional approval, representatives of the program and controlling institution shall submit a systemic evaluation plan detailing how outcomes are met. The board determines whether to grant the program full approval, extend conditional approval, or initiate proceedings to deny or withdraw approval.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.6(152) Denial or withdrawal of approval.

2.6(1) A program denied approval or given less than full approval may appeal that decision. An appeal initiates a contested case hearing governed by 481—Chapter 506.

2.6(2) If, after a contested case proceeding, the board denies or withdraws approval of a program, the program shall immediately notify all enrolled students of the denial or withdrawal of approval. Such notification must include the date of denial or withdrawal of approval and a statement that students must graduate from an approved program to be eligible for licensure. The program shall assist all enrolled students with transferring to an approved program.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.7(152) Closure of an approved program.

2.7(1) Prior to program closure, the controlling institution shall submit a written plan to the board. The plan shall include:

a. Reasons for closure and the date of closure, including when the last student graduates.

b. Provisions to continually meet the criteria for board approval and maintenance of nursing education standards during the transition to closure.

c. Arrangements for enrolled students to complete a board-approved program.

2.7(2) Prior to closure, the controlling institution shall notify the board regarding the location and maintenance of student and graduate transcripts and records.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.8(152) Organization and administration of the program.

2.8(1) The program shall meet the following criteria:

a. Authorization. Authorization for conducting a program is granted in accordance with Iowa Code chapter 261B.

b. Authority and administrative responsibility. The authority and administrative responsibility of the program is vested in the head of the program, who is responsible to the controlling institution.

c. Organizational chart. The organizational chart(s) indicates the lines of authority and communication within the program and with the central administration, other units within the controlling institution, cooperating agencies, and advisory committees.

d. Finances.

(1) The controlling institution shall allocate adequate funds to carry out the purposes of the program.

(2) The head of the program and nursing faculty shall have input for the budgeted needs of the program.

e. Ethical practices. Ethical practices and standards shall be consistent with those of the controlling institution and made available to students and prospective students.

f. Contractual agreements. Written contractual agreements shall exist between the program and the clinical facilities. The agreements shall include:

(1) Identification of responsibilities of both parties related to patient or client services.

(2) Provision for faculty control, selection and guidance of student learning experiences.

(3) Provision for termination of the agreement.

(4) Provision for annual review.

(5) Provision that the facility is in good standing with its regulatory agency.

g. Accrediting and approving agencies.

(1) The controlling institution or program shall be accredited by the Higher Learning Commission.

(2) When the program is located at a community college, the controlling institution shall be approved by the Iowa department of education.

(3) When the program is offered under the auspices of the United States armed forces, it shall be accredited by the U.S. Department of the Army.

h. Philosophy/mission and program outcomes. The faculty shall develop a philosophy or mission statement and program outcomes that shall be:

(1) Consistent with the philosophy or mission of the controlling institution.

(2) Reflective of faculty beliefs about nursing, education and professional standards.

(3) A guide in the development, implementation and evaluation of the program.

(4) Available to students and prospective students.

i. Program evaluation. A written plan shall:

(1) Outline the evaluation process for all aspects of the program.

(2) Identify the methodology, tools, responsible parties and time frame.

(3) Provide evidence of implementation reflecting achievement of program outcomes.

2.8(2) Requirements for head of program:

a. Current licensure as a registered nurse in Iowa.

b. Two years of experience in clinical nursing.

c. Two years of teaching experience in a nursing education program.

d. Academic qualifications:

(1) If employed on or before July 1, 1992, the individual is considered adequately prepared as long as that person remains in that position.

(2) If employed after July 1, 1992, the individual must have a master's or doctoral degree with a major in nursing at either level at the time of hire.

(3) If a program offers a baccalaureate or higher degree in nursing, the head of the program must have a doctoral degree at the time of hire.

e. Submission of qualifications to the board within one month of appointment.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.9(152) Resources of the controlling institution. The controlling institution is responsible for the provision of resources adequate to meet program needs and outcomes.

2.9(1) *Human resources.* Human resources shall include the following:

a. Head of program.
b. Faculty.
c. Support staff.
2.9(2) *Physical resources.* Physical resources may include the following:
a. Classrooms, conference rooms, laboratories, simulation laboratories, offices, and equipment.
b. Student facilities.
2.9(3) *Learning resources.* Learning resources include:
a. Library.
b. Print media.
c. Computer-mediated resources.
d. Laboratory/simulation laboratory equipment.
2.9(4) *Financial resources.* Adequate financial resources will be maintained to support and carry out the mission of the controlling institution.
[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.10(152) Curriculum.
2.10(1) The curriculum of a program:
a. Reflects current standards of nursing practice and education.
b. Is consistent with laws governing the practice of nursing.
c. Ensures sufficient preparation for the safe and effective practice of nursing.
d. Includes planned learning experiences and strategies that demonstrate integration of knowledge and attainment of the program outcomes.
e. Reflects the roles for which the student is being prepared.
f. Is evaluated on a regular basis by the faculty and reflects achievement of student outcomes as demonstrated in the program evaluation plan.
g. When offered within a college or university:
(1) Is comparable in quality and requirements to other degree programs within the college or university.
(2) Is planned in accordance with the college or university calendar.
(3) Assigns credit hours for learning experiences that are consistent with the college or university pattern.
(4) Provides a teaching/learning environment (classroom, clinical, laboratory, or simulation) that supports achievement of expected outcomes.
2.10(2) Standardized examinations may be used to supplement a program's curriculum but shall not prevent a student's academic progression or graduation.
a. The program is responsible for informing the students of the standardized examinations at the beginning of the program.
b. The program will have a process and procedure for remediation of students who do not pass the standardized examinations.
2.10(3) Prelicensure programs.
a. The curriculum of a program leading to eligibility for initial licensure as a licensed practical nurse or registered nurse includes:
(1) Content consistent with the practice of nursing as defined in Iowa Code section 152.1.
(2) Content in medical, surgical, gerontological, mental health, and nursing of childbearing families and children that reflects current nursing practice and that encompasses health needs throughout the life span.
(3) Opportunities to participate in the nursing process and to develop competencies in direct patient care, problem-solving methodologies, clinical judgment, communication, and the use of current equipment and technology.
(4) Content in nursing history and trends, including scope of practice, professional, legal, and ethical aspects.
(5) Supporting content from the natural and social sciences.

b. In addition to the requirements identified in paragraph 2.10(3)*"a,"* the curriculum of a program leading to a diploma in practical nursing and to eligibility to apply for practical nurse licensure by examination requires:

(1) Curriculum to be consistent with the scope of practice of a licensed practical nurse outlined in rules 655—6.3(152) and 655—6.6(152).

(2) Focus on supportive or restorative care provided under the supervision of a registered nurse or physician/provider pursuant to Iowa Code section 152.1(4).

(3) Learning experiences in medical, surgical and gerontological nursing.

(4) Content in nursing of childbearing families and children and mental health that is supported by one or more of the following: clinical instruction, lab/simulation, or observation experiences adequate to meet program outcomes.

c. In addition to the requirements identified in paragraph 2.10(3)*"a,"* the curriculum of a program leading to a degree in nursing and to eligibility to apply for registered nurse licensure by examination requires:

(1) Curriculum consistent with the scope of practice of a registered nurse outlined in rules 655—6.2(152) and 655—6.7(152).

(2) Focus on attaining, maintaining and regaining health and safety for individuals and groups by utilizing the principles of leadership, management, nursing informatics, and client education.

(3) Learning experiences in medical, surgical, mental health and gerontological nursing.

(4) Content in nursing of childbearing families and children that is supported by one or more of the following: clinical instruction, lab/simulation, or observation experiences adequate to meet program outcomes.

(5) When the program leads to a baccalaureate, master's or doctoral degree:

1. Content in nursing research.

2. Learning experiences in community health nursing.

2.10(4) Postlicensure programs for registered nurses who do not hold a baccalaureate degree in nursing.

a. The curriculum of a program that leads to a baccalaureate degree in nursing shall include learning experiences in nursing that will enable the student to achieve competencies comparable to outcomes of the prelicensure baccalaureate education, including content in nursing research and learning experiences in community health nursing.

b. The curriculum of a program that leads to a master's degree in nursing shall include content and learning experiences in nursing that will enable the student to achieve competencies comparable to outcomes of the prelicensure baccalaureate education and master's education, including content in nursing research and learning experiences in community health nursing.

2.10(5) Master's, post-master's, and doctoral programs for registered nurses who hold a baccalaureate degree in nursing.

a. The curriculum of a program leading to a master's or doctoral degree in nursing shall include in-depth study of:

(1) Nursing science, which includes content, practicum experiences and research.

(2) Advanced role areas in nursing.

b. The curriculum of a program leading to a master's degree or post-master's certificate in a nursing population focus, eligibility to apply for certification in the population focus by a national professional nursing organization approved by the board, and licensure as an advanced registered nurse practitioner shall:

(1) Be consistent with the scope of practice of the advanced registered nurse practitioner described in 655—Chapter 7.

(2) Include advanced learning experiences in a specialty area of nursing.

2.10(6) Nursing courses with a clinical or practicum component or both. The nursing program shall notify students and prospective students in writing that nursing courses with a clinical or practicum component may not be taken by a person:

a. Who has been denied licensure by the board.

b. Whose license is currently suspended, surrendered or revoked in any United States jurisdiction.

c. Whose license is currently suspended, surrendered or revoked in another country due to disciplinary action.

2.10(7) Nursing programs with a simulation component shall:

a. Ensure that the simulation component does not exceed 50 percent of total clinical hours in a course.

b. Demonstrate that the simulation activities are linked to program outcomes.

c. Demonstrate that simulation activities are based on evidence-based practices.

d. Have written policies and procedures regarding the method of debriefing each simulated activity and a plan for orienting faculty to simulation.

e. Have short-term and long-term plans for integration and maintenance of simulation in the curriculum.

f. Have faculty educated in the use of simulation and who demonstrate ongoing expertise and competence.

g. Evaluate simulation activities based on faculty and student feedback.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.11(152) Faculty.

2.11(1) *Program requirements.* The program shall provide:

a. A sufficient number of faculty who satisfy the requirements in subrule 2.11(2).

b. Written personnel policies and position descriptions.

c. A faculty development program that furthers the competence of individual faculty members and the faculty as a whole.

d. A written teaching-load policy.

e. A nursing faculty organization that operates according to written bylaws and that meets on a regular basis.

f. In a prelicensure program, a ratio of one faculty member to a maximum of eight students for hands-on learning situations in which students directly care for clients in a relevant setting.

2.11(2) *Faculty member requirements.* A faculty member who teaches nursing shall meet the following requirements:

a. Current licensure as a registered nurse in Iowa or a multistate license according to the current nurse licensure compact contained in Iowa Code chapter 152E prior to teaching.

b. Two years of experience in clinical nursing.

c. Academic qualifications:

(1) If employed on or before July 1, 1992, the individual is considered adequately prepared as long as that faculty member remains in that position.

(2) A faculty member who was hired to teach in a prelicensure registered nurse program shall have at least a baccalaureate degree with a major in nursing or an applicable field at the time of hire. This person shall make annual progress toward the attainment of a master's or doctoral degree with a major in nursing or an applicable field. At least one degree shall be in nursing.

1. Applicable fields include but are not limited to education, anthropology, gerontology, counseling, psychology, sociology, health education, health administration, and public health. A person who wishes to fulfill this requirement with education in an applicable field not listed may petition the board for a determination of applicability.

2. The date of hire is the first day of employment with compensation at a particular nursing education program.

3. "Annual progress" means a minimum of one course per year taken as part of an organized plan of study. A written plan of study shall be kept in the employee's file.

(3) A faculty member who was hired to teach after July 1, 1992, in a practical nursing program or at the first level of an associate degree nursing program with a ladder concept shall have a baccalaureate or higher degree in nursing or an applicable field at the time of hire.

(4) A registered nurse hired to teach in a master's program shall hold a master's or doctoral degree with a major in nursing at the time of hire. A registered nurse teaching in a population focus shall hold a

master's degree with a major in nursing, advanced level certification by a national professional nursing organization approved by the board in the population focus area in which the individual teaches, and current licensure as an advanced registered nurse practitioner according to the laws of the state(s) in which the individual teaches. Faculty preparation at the doctoral or terminal degree level should be consistent with the mission of the program.

(5) A faculty member hired only to teach in the clinical setting shall be exempt from subparagraphs 2.11(2)*"c"*(1) and *"c"*(2) if the faculty member is closely supervised to ensure proper integration of didactic content into the clinical setting. If hired after July 1, 1992, a faculty member hired to teach only in the clinical setting shall have a baccalaureate degree in nursing or an applicable field or shall make annual progress toward the attainment of such a degree.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.12(152) Program responsibilities.

2.12(1) *Information about the program and controlling institution.* The program will provide the following information to prospective and current students:

a. Philosophy/mission and outcomes of the program.

b. General description of the program.

c. Curriculum plan.

d. Course descriptions.

e. Resources.

f. Faculty.

g. Tuition, fees and refund policies.

h. Ethical practices, including recruitment and advertising.

i. Official dates.

j. The program's NCLEX® passing percentage for the prior calendar year, as published by the board of nursing.

2.12(2) *Changes to program.* A nursing program may not make a change to a program during a student's academic plan of study unless the change confers the benefit to the student.

2.12(3) *Program records.* The following records shall be dated and maintained according to the policies of the controlling institution:

a. Course syllabi.

b. Minutes.

c. Faculty personnel records.

d. Catalogs and program bulletins.

e. Curriculum revisions and reports to the board.

f. Graduate nursing file, excluding the final transcript and summative performance statements.

2.12(4) *Student and graduate records.*

a. Policies shall specify methods for permanent maintenance and protection of records against loss, destruction and unauthorized use.

b. The final record shall include the official transcript that includes:

(1) Legal name of student.

(2) Dates of admission, completion of the program and graduation.

(3) Courses that were accepted for transfer.

(4) Evidence of authenticity.

(5) Degree granted.

1. The final official transcript shall be maintained permanently.

2. The summative performance statement will relate the performance of the student at the time of graduation to the program outcomes and be maintained for three years.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.13(152) Student criminal history checks.

2.13(1) The program shall initiate criminal history and child and dependent adult abuse record checks of students and prospective students to ensure a student's ability to complete the clinical education component of the program in accordance with Iowa Code sections 152.5A and 135C.33.

2.13(2) The program shall:

a. Notify all students and prospective students of the nursing program's policy and procedure concerning criminal history and child and dependent adult abuse record checks.

b. Conduct record checks in accordance with Iowa Code sections 152.5A and 135C.33 on all students:

(1) Applying for the nursing program.

(2) Returning to the clinical education component of the nursing program. Time frames between record checks may be determined by the program.

(3) Anytime during the student's enrollment in the nursing program pursuant to the program's policy and procedure.

c. Abide by the results of the evaluation performed by the department of health and human services when determining a student's ability to complete the clinical education component of a nursing program.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.14(152) Clinical facilities.

2.14(1) The clinical facilities shall provide learning experiences that meet curriculum objectives and outcomes.

2.14(2) The program provides information to the board about clinical facilities used for learning experiences, including:

a. The clinical facility's accredited/approved status and evidence of good standing by its regulatory body.

b. Evidence that student experiences are coordinated with programs that use the same facility.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.15(152) Undergraduate and non-ARNP graduate program preceptorship.

2.15(1) The nursing program, in collaboration with a clinical facility, selects preceptors to provide supportive learning experiences to meet program outcomes.

a. The nursing education program and student will work together to find an appropriate preceptor.

b. An appropriate preceptor is a licensee who has equivalent licensure as the student or practices in the same role for which the student is preparing.

2.15(2) The qualifications of a preceptor will be appropriate to support the philosophy, mission, and outcomes of the program.

a. The preceptor shall be employed by or maintain a current written agreement with the clinical facility in which a preceptorship experience occurs.

b. The preceptor shall be currently licensed as a registered nurse, licensed practical nurse, or advanced registered nurse practitioner according to the laws of the state in which the preceptor practices.

c. The preceptor functions according to written policies for selection, evaluation and reappointment developed by the program. Written qualifications, developed by the program, shall address educational preparation, experience, and clinical competence.

d. The program is responsible for informing the preceptor of the responsibilities of the preceptor, faculty and students.

e. The program retains ultimate responsibility for student learning and evaluation.

2.15(3) The program shall inform the board about the preceptorship learning experience process.

a. Written preceptorship agreements are reviewed annually by the program.

b. The board may conduct a site visit to settings in which preceptorship experiences occur.

c. The rationale for the ratio of students to preceptors shall be documented by the program.

2.15(4) An individual who is not a registered nurse or a licensed practical nurse may serve as a preceptor when appropriate to the philosophy, mission, and outcomes of the program.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.16(152) ARNP program preceptorship.

2.16(1) A preceptor is selected by the nursing program in collaboration with a clinical facility to provide supportive learning experiences consistent with program outcomes.

a. The nursing education program and student will find an appropriate preceptor.

b. The student shall have the majority of student preceptorship learning experiences happen with a preceptor who is an ARNP or physician with the same role and population focus for which the student is preparing.

c. Written preceptorship agreements shall be reviewed annually by the program.

d. The board may conduct a site visit to preceptorship sites.

e. The rationale for the ratio of students to preceptors shall be documented by the program.

2.16(2) The preceptor shall:

a. Have qualifications appropriate to support the philosophy, mission, and outcomes of the program.

b. Be employed by or maintain a current written agreement with the clinical facility in which a preceptorship experience occurs.

c. Be currently licensed as an advanced registered nurse practitioner or physician according to the laws of the state in which the preceptor practices.

d. Function according to written policies for selection, evaluation and reappointment developed by the program addressing educational preparation, experience, and clinical competence.

[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.17(152) Results of graduates who take the licensure examination for the first time. The program shall notify the board when the program's NCLEX® passing percentage is lower than 80 percent for one calendar year.

2.17(1) The program demonstrates that it meets the NCLEX® passing rate of 80 percent in any one of the following ways:

a. The NCLEX® pass rate for each campus or site and track is 80 percent or higher for those who take the licensure examination for the first time for the most recent calendar year (January 1 through December 31);

b. The NCLEX® pass rate for each campus or site and track is 80 percent or higher for all who take the licensure examination for the most recent calendar year (January 1 through December 31);

c. The NCLEX® pass rate for each campus or site and track is 80 percent or higher for those who take the licensure examination for the first time over the three most recent calendar years; or

d. The NCLEX® pass rate for each campus or site and track is 80 percent or higher for all who take the licensure examination over the three most recent calendar years.

For each campus or site and track, identify which of the options in paragraphs 2.17(1)*"a"* through *"d"* was used to calculate the pass rate.

2.17(2) A program whose NCLEX® passing percentage is lower than 80 percent shall submit an institutional plan and appear before the board as directed.

2.17(3) After submission of the institutional plan, for each consecutive calendar year that a program's NCLEX® passing percentage is lower than 80 percent, the program shall submit an institutional plan evaluation and appear before the board as directed.

2.17(4) Programs with an NCLEX® passing percentage that falls below 80 percent for three consecutive calendar years will be placed on improvement status after the third year.

2.17(5) A program on improvement status shall:

a. Notify all current and prospective students of the program's improvement status.

b. Submit quarterly reports and present the reports to the board as directed.

2.17(6) Board staff may conduct a site visit to the program at any time while the program is on improvement status.

2.17(7) Programs that remain on improvement status for two consecutive calendar years shall submit a revised institutional plan and appear before the board as directed. The board will:

a. Review the revised institutional plan and formulate an action plan for the program on improvement status.

b. Individualize the action plan for each program.

2.17(8) A program will be removed from improvement status when the program's NCLEX® passing percentage is above 80 percent for one calendar year.
[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

655—2.18(152) Reports to the board.

2.18(1) Annual reports. The head of the program shall submit an annual report to the board.

2.18(2) Reports. The program shall notify the board of the following:

a. Change of controlling institution, including official name of the program(s) and controlling institution, organizational chart of the controlling institution, and names of administrative officials.

b. Changes in administrative personnel in the program or controlling institution.

c. Opening of a new site or campus.

2.18(3) Changes requiring board notification and approval. The program shall submit one copy of a proposed change for board approval at least four weeks prior to the next scheduled board meeting when the outcome will:

a. Lengthen or shorten the plan of study.

b. Add or delete academic credit in a course required for graduation.

c. Delete a course required for graduation.

d. Add a new course. A program shall submit the following to be implemented within six months of an offering of a course:

(1) Course description.

(2) Outcomes/objectives.

(3) Placement of course.

(4) Curriculum plan.

e. Alter graduation requirements.

f. Reduce the human, physical or learning resources provided by the controlling institution to meet program needs as described in rule 655—2.9(152).

g. Substantively alter the philosophy/mission of the program.

h. Revise the predominant method of instruction or delivery, including transition from on-site to self-study or distance learning.

i. Entail delivery of a cooperative program of study with an institution that does not provide a degree in nursing.

j. Increase the number of student admissions by 20 percent or more.

2.18(4) If a program makes changes as part of a plan to improve the program's NCLEX® passing percentage pursuant to rule 655—2.17(152), such changes must also be separately submitted to the board for approval pursuant to this rule.
[**ARC 9159C**, IAB 4/30/25, effective 6/4/25]

These rules are intended to implement Iowa Code section 152.5 and chapter 152E.

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CHAPTER 3
LICENSURE TO PRACTICE—REGISTERED NURSE/LICENSED PRACTICAL NURSE

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/4/30

655—3.1(17A,147,152,152E,272C) Definitions.

"Approved nursing program" means a nursing education program whose status has been recognized by the board or by a similar board in another jurisdiction that prepares individuals for licensure as a licensed practical nurse, registered nurse, or advanced registered nurse practitioner; or grants a baccalaureate, master's or doctorate degree with a major in nursing.

"CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

"Inactive license" means a registered nurse or licensed practical nurse license that has been placed on inactive status because it was not renewed by the fifteenth day of the month following the expiration date or means that the board has received notification that a licensee has declared another compact state as the primary state of residency.

"Late license" means a registered nurse or licensed practical nurse license that has not been renewed by the expiration date. The time between the expiration date and the fifteenth day of the month following the expiration date is considered a grace period.

"Licensee" means a person who has been issued a license to practice as a registered nurse, licensed practical nurse or advanced registered nurse practitioner under the laws of this state.

"Multistate license" means a license to practice as a registered nurse or licensed practical nurse issued to a qualified person under Iowa Code chapter 152E that authorizes the holder to practice in all party states under a multistate licensure privilege.

"Multistate licensure privilege" means a legal authorization associated with a multistate license permitting the practice of nursing as either a registered nurse or a licensed practical nurse in a party state.

"NCSBN" means the National Council of State Boards of Nursing.

"Nurse licensure compact" means the agreement between party states, as set forth in Iowa Code chapter 152E, to allow mutual recognition of a nursing license.

"Overpayment" means payment in excess of the required fee. An overpayment less than $10 received by the board shall not be refunded.

"Party state" means any state that has adopted the nurse licensure compact.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25]

655—3.2(17A,147,152,152E,272C) Fees for licensure. The following fees apply for licensure of registered nurses (RN), licensed practical nurses (LPN), and advanced registered nurse practitioners (ARNP):

3.2(1) Application for an initial license based on the registered nurse examination, $93 (plus the fee for evaluation of the fingerprint cards and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI)).

3.2(2) Application for an original license based on the practical nurse examination, $93 (plus the fee for evaluation of the fingerprint cards and the criminal history background checks by the Iowa DCI and the FBI).

3.2(3) Application for RN/LPN license by endorsement, $119 (plus the fee for evaluation of the fingerprint cards and the criminal history background checks by the Iowa DCI and the FBI).

3.2(4) Application for an initial license, renewal, or both of an ARNP, $81 for any period of licensure up to three years.

3.2(5) Certified statement that an RN/LPN is licensed in this state or registered as an ARNP, $25.

3.2(6) Reactivation of a license to practice as an RN/LPN, $175 for a license lasting more than 24 months up to 36 months (plus the fee for evaluation of the fingerprint cards and the criminal history background checks by the Iowa DCI and the FBI).

3.2(7) Reactivation of a license to practice as an ARNP, $81 for any licensing period up to three years.

3.2(8) Renewal of a license to practice as an RN/LPN, $99 for a three-year period.

3.2(9) Late renewal of an RN/LPN license, $50 (plus the renewal fee as specified in subrule 3.2(8)).

3.2(10) Check returned for any reason, $15. If licensure/registration has been issued by the board office based on a check for the payment of fees and the check is later returned by the bank, the board will request payment by certified check or money order.

3.2(11) Certified copy of an original document, $20.

3.2(12) Processing of the fingerprint cards and the Iowa DCI and FBI criminal history background checks, $50.

3.2(13) Petition for eligibility determination, $25.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25]

655—3.3(17A,147,152,272C) Mandatory licensure.

3.3(1) A person in the practice of nursing in the state of Iowa as defined in Iowa Code section 152.1, outside of caring for one's family, must have a current Iowa license, whether or not the person's employer is in Iowa and whether or not the person receives compensation. Any nurse participating in the care of a patient situated in Iowa, whether that care is provided through telephonic, electronic or in-person means, and regardless of the location of the nurse, must obtain Iowa licensure unless specifically exempted.

3.3(2) Current Iowa licensure is not mandatory when:

a. A nurse holds an active multistate license issued by a party state, pursuant to Iowa Code chapter 152E. A nurse who practices nursing in Iowa pursuant to a multistate licensure privilege is subject to the jurisdiction of the board, the courts, and the laws of Iowa.

b. A nurse holds an active license in another state and is providing services to patients in Iowa only during interstate transit.

c. A nurse holds an active license in another state and is providing emergency services in an area in which the governor of Iowa has declared a state of emergency.

3.3(3) A licensed practical nurse enrolled in an approved program for registered nurses shall hold an active licensed practical nurse license in all jurisdictions in which the licensed practical nurse provides patient care. A registered nurse who is enrolled in an approved program for advanced registered nurse practitioners shall hold an active registered nurse license in all jurisdictions in which the registered nurse provides patient care.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25]

655—3.4(17A,147,152,272C) Licensure qualifications for registered nurse and licensed practical nurse. Applicants for registered nurse and licensed practical nurse licenses shall meet the following requirements:

3.4(1) Graduation from an approved nursing program.

3.4(2) Successful passage of the National Council Licensure Examination (NCLEX®) or the State Board Test Pool Examination, the national examination used prior to 1982. The passing standard is that established by the testing authority at the time the test was administered.

3.4(3) If applicable, board approval of an applicant with a criminal history, pursuant to rule 655—3.11(272C), or a record of prior disciplinary action, regardless of jurisdiction.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25]

655—3.5(17A,147,152,272C) Licensure by examination.

3.5(1) *Board application.* A graduate of an approved nursing program seeking initial licensure as a registered nurse or licensed practical nurse shall submit the following:

a. A completed application for licensure by examination.

b. Payment of the application fee.

c. Two completed fingerprint cards and a signed waiver form to facilitate a national criminal history background check.

d. If the applicant has a criminal history, copies of all documents required by rule 655—3.11(272C).

e. An official transcript denoting the date of graduation and diploma or degree conferred, sent directly to the board from the nursing program.

3.5(2) *Test registration.* The applicant completes NCLEX® registration, including payment of applicable fees through the national test service agency.

3.5(3) *Americans with Disabilities Act accommodations.* An applicant with a disability may submit a request to the board for testing accommodations. The request must include:

a. The nature of the disability and the specific testing accommodations being requested.

b. Documentation from the applicant's health care provider describing the disability and the recommended accommodations.

c. Documentation from the applicant's nursing education program if testing accommodations were provided to the applicant during school.

The board's recommendation regarding approval of accommodation requests will be communicated to the national test service agency.

3.5(4) *Authorization to test.* An applicant will not receive an authorization to test until all of the requirements in subrules 3.5(1) and 3.5(2) are met.

a. An applicant will self-schedule the examination with an approved testing center and must test within 91 days of receiving the authorization to test. An applicant who does not test within 91 days of receiving the authorization to test is required to submit a new completed application for licensure by examination and fee to the board.

b. An applicant who does not appear for a testing appointment or does not complete the examination must follow the requirements for reexamination.

3.5(5) *Reexamination.* An applicant who fails the examination and reapplies within 12 months of submitting a prior application to the board is required to complete the requirements in paragraphs 3.5(1)*"a"* and *"b"* and subrule 3.5(2). An applicant who fails the examination and reapplies after 12 months of submitting a prior application to the board shall be required to complete all requirements in subrules 3.5(1) and 3.5(2).

3.5(6) *Licensure.* Upon satisfactory review of the documentation required by subrule 3.4(1) and proof of successful passage of the examination, the applicant will be issued a license to practice as a registered nurse or licensed practical nurse.

3.5(7) *Failure to complete the licensure process.* Once an application is initiated, the applicant has 12 months to complete the licensure process. The board reserves the right to destroy any applications and supporting documents after 12 months if the applicant has not completed the licensure process. Applicants who fail to complete the licensure process within 12 months are required to start the application process anew.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25]

655—3.6(17A,147,152,272C) Licensure by endorsement.

3.6(1) *Board application.* A graduate of an approved nursing program seeking licensure as a registered nurse or licensed practical nurse in Iowa who has been licensed in another state shall submit the following:

a. A completed application for licensure by endorsement.

b. Payment of the application fee.

c. Two completed fingerprint cards and a signed waiver form to facilitate a national criminal history background check.

d. If the applicant has a criminal history, copies of all documents required by rule 655—3.12(272C).

e. Copies of relevant disciplinary documents if the applicant has had disciplinary action taken by another state.

f. Verification of the license from the original state of licensure, which may be done through www.nursys.com or by using the verification form depending on the requirements of the original state of licensure.

g. Proof of active licensure in any jurisdiction within the previous five years from the date of application or proof of completion of a nurse refresher course in accordance with rule 655—3.11(152) within the 12 months prior to the date of application.

h. An official transcript denoting the date of graduation and diploma or degree conferred, sent directly to the board from the nursing program. An applicant may be excused from this requirement if the nursing program is closed and records are no longer available.

3.6(2) *Temporary license.* An applicant who has submitted all documentation described in paragraphs 3.5(1)*"a"* through *"g"* may request a temporary registered nurse or licensed practical nurse license, which authorizes the practice of nursing in Iowa for a maximum of 30 days, pending receipt of official transcripts from the nursing program. A temporarily licensed licensee will automatically be issued a permanent license upon receipt of satisfactory transcripts from the nursing program.

3.6(3) *Licensure.* Upon satisfactory review of the documentation described in subrule 3.5(1), the applicant will be issued a license to practice as a registered nurse or licensed practical nurse.

3.6(4) *Failure to complete the licensure process.* Once an application is initiated, the applicant has 12 months to complete the licensure process. The board reserves the right to destroy any applications and supporting documents after 12 months if the applicant has not completed the licensure process. Applicants who fail to complete the licensure process within 12 months are required to start the application process anew.

3.6(5) *Changing primary state of residence for multistate license.* A nurse who holds a multistate license issued by a party state and who changes the nurse's primary state of residence to Iowa must apply for licensure in Iowa pursuant to this rule. Upon issuance of a multistate license by the board, the nurse's prior multistate license will be deactivated.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25]

655—3.7(17A,147,152,272C) Applicants educated in a foreign country or in a U.S. territory that is not a member of NCSBN.

3.7(1) Applicant for licensure. An applicant seeking licensure in Iowa who was educated in a foreign country or in a U.S. territory that is not a member of NCSBN shall apply for licensure by examination pursuant to rule 655—3.5(17A,147,152,272C) or licensure by endorsement pursuant to rule 655—3.6(17A,147,152,272C), as applicable, but instead of submitting an official transcript, shall submit one of the following documents issued by CGFNS:

a. Credentials Evaluation Service (CES) Professional Report®.

b. VisaScreen® certificate or certificate verification letter verifying that a VisaScreen® certificate was issued.

c. CGFNS Certification Program® certificate or certificate verification letter verifying that a CGFNS Certification Program® certificate was issued.

3.7(2) An applicant shall be exempt from taking an English language proficiency test when all of the following requirements are met:

a. The nursing education was completed in a college, university, or professional school located in Australia, Barbados, Canada (except Quebec), Ireland, Jamaica, New Zealand, South Africa, Trinidad and Tobago, or the United Kingdom.

b. The language of instruction in the nursing program was English.

c. The language of the textbooks in the nursing program was English.

3.7(3) Social security number. To be eligible for a multistate license, an applicant must have a social security number. An applicant who does not have a social security number shall submit documentation of lawful presence and will only be eligible for a single state license.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25]

655—3.8(17A,147,152,272C) License renewal and reactivation.

3.8(1) *Name and address changes.* Licensees must notify the board of any name or address change within 30 days of the change. Licensure documents are mailed to the licensee at the address on file in the board office. There is no fee for a change of name or address in board records.

3.8(2) *Initial licenses.* The board shall issue licenses by endorsement and examination for a 24- to 36-month period. When the license is renewed, it will be placed on a three-year renewal cycle. License expiration is on the fifteenth day of the licensee's birth month.

3.8(3) *Renewal.* The licensee may renew the license beginning 60 days prior to license expiration The licensee will:

a. Attest that Iowa is the primary state of residence or that the primary state of residence is a noncompact state. The board may request evidence of residency.

b. Submit the renewal application and the renewal fee.

c. Meet the continuing education requirement as set forth in 655—Chapter 5, prior to license renewal.

d. Complete the required mandatory reporter training.

(1) The course(s) shall be the curriculum provided by the department of health and human services.

(2) A licensee who regularly examines, attends, counsels or treats children in Iowa must indicate on the renewal application completion of training in child abuse identification and reporting as required by Iowa Code section 232.69(3)*"b"* in the previous three years or condition(s) for rule suspension as identified in subparagraph 3.8(3)*"d"*(5).

(3) A licensee who regularly examines, attends, counsels or treats adults in Iowa shall indicate on the renewal application completion of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5)*"b"* in the previous three years or condition(s) for rule suspension as identified in subparagraph 3.8(3)*"d"*(5).

(4) The licensee shall maintain written documentation for three years after mandatory training as identified in subparagraphs 3.8(3)*"b"*(2) and *"b"*(3), including program date(s), content, duration, and proof of participation.

(5) The requirement for mandatory training for identifying and reporting child and dependent adult abuse will be suspended if the board determines that suspension is in the public interest or that a person at the time of license renewal:

1. Is engaged in active duty in the military service of this state or the United States.

2. Holds a current exemption based on evidence of significant hardship in complying with training requirements, including an exemption of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in 655—Chapter 5.

(6) The board may select licensees for audit of compliance with the requirements in subparagraphs 3.8(3)*"b"*(1) through *"b"*(5).

3.8(4) *Late renewal.* The license is late when the license has not been renewed by the expiration date. The licensee will be assessed a late fee as specified in rule 655—3.2(17A,147,152,152E,272C). To renew a late license, the licensee shall complete the renewal requirements and submit the late fee before the fifteenth day of the month following the expiration date.

3.8(5) *Inactive status.* The license becomes inactive when the license has not been renewed by the fifteenth day of the month following the expiration date.

a. If the inactive license is not reactivated, it remains inactive.

b. If the licensee resides in Iowa or a noncompact state, the licensee shall not practice nursing in Iowa until the license is reactivated to active status. If the licensee is identified as engaging in the practice of nursing with an inactive license, disciplinary proceedings may be initiated.

c. The licensee is not required to obtain continuing education credit or pay fees while the license is inactive.

3.8(6) *Changing primary state of residence for multistate license.* A licensee who holds a multistate license issued by this board and who changes the licensee's primary state of residency to another party state must apply for licensure in the new party state. Once the board has been notified by the new party state that a new license has been issued, the Iowa multistate license will become inactive.

3.8(7) *Reactivation.*

a. To reactivate an inactive license, the licensee shall comply with the following:

(1) The licensee shall submit:

1. A completed reactivation application.

2. Payment of the applicable fees.

3. A completed continuing education report form and supporting continuing education certificates.

4. Two completed fingerprint cards and a signed waiver form to facilitate a national criminal history background check.

(2) The licensee shall have obtained 36 contact hours of continuing education, as specified in 655—Chapter 5, within the 36 months prior to reactivation.

(3) If a licensee has not held an active license in any jurisdiction within the previous five years, the licensee must complete a nurse refresher course in accordance with rule 655—3.11(152) within 12 months of applying for reactivation.

b. Upon receipt of all necessary materials, the licensee will be issued a license for a 24- to 36-month period. At the time of the next renewal, the license will be placed on a three-year renewal cycle. License expiration is on the fifteenth day of the licensee's birth month.

c. An applicant who fails to complete the reactivation of licensure process within 12 months from the date of initial application must reapply. All fees are nonrefundable.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25]

655—3.9(17A,147,152,272C) Verification. Upon written request from the licensee or another jurisdiction and payment of the verification fee as specified in rule 655—3.2(17A,147,152,152E,272C), the board will provide a certified statement to another jurisdiction or entity that the license of a registered nurse, licensed practical nurse or advanced registered nurse practitioner is active, inactive or encumbered/disciplined in Iowa.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25]

655—3.10(17A,272C) License denial.

3.10(1) Prior to the denial of licensure to an applicant, the board issues a preliminary notice of denial that cites the factual and legal basis for denying the application, notifies the applicant of the appeal process and specifies the date upon which the denial will become final if not appealed.

3.10(2) An applicant who has been issued a preliminary notice of denial may appeal the notice and request a hearing on the issues related to the preliminary notice of denial by serving a request for hearing upon the executive director within 30 days following the date the preliminary notice of denial was mailed. The request for hearing shall specify the factual or legal errors in the preliminary notice of denial and provide any additional written information or documents in support of the licensure.

3.10(3) All hearings held pursuant to this rule shall be held in accordance with the process outlined in 655—Chapter 20.

3.10(4) If an applicant does not appeal a preliminary notice of denial, the preliminary notice of denial automatically becomes final.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25]

655—3.11(152) Nurse refresher course.

3.11(1) A nurse refresher course shall meet the following requirements:

a. A minimum of 80 hours of theory, with content in basic nursing skills, pharmacology, physical assessment, intravenous (IV) therapy (registered nurse only), and legal and ethical considerations in health care; and

b. A minimum of 80 hours of hands-on supervised clinical learning experiences.

3.11(2) To participate in the clinical component of a nurse refresher course in Iowa, a licensee must have an active license to practice nursing in Iowa or a limited authorization issued by the board. A licensee shall request the limited authorization from the board prior to beginning the clinical component of a nurse refresher course.

3.11(3) To receive a certificate of completion from the nurse refresher course, a licensee must complete all requirements of the nurse refresher course to the satisfaction of the course provider. The course provider shall submit proof of the licensee's completion of the nurse refresher course directly to the board.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25]

655—3.12(272C) Use of criminal convictions in eligibility determinations and initial licensing decisions.

3.12(1) *Definitions.*

"Complete criminal record" includes the complaint and judgment of conviction for each offense of which the applicant has been convicted, regardless of whether the offense is classified as a felony or a misdemeanor and regardless of the jurisdiction in which the offense occurred.

"Conviction" means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. "Conviction" includes Alford pleas and pleas of nolo contendere.

"Disqualifying offense" means a conviction directly related to the duties and responsibilities of the profession. A conviction is directly related to the duties and responsibilities of the profession if either (1) the actions taken in furtherance of an offense are actions customarily performed within the scope of practice of a licensed profession, or (2) the circumstances under which an offense was committed are circumstances customary to a licensed profession.

"License" means a license issued by the board.

3.12(2) *License application.* Unless an applicant for licensure petitions the board for an eligibility determination pursuant to subrule 3.11(3), the applicant's convictions will be reviewed when the board receives a completed license application.

a. An applicant must disclose all convictions on a license application. Failure to disclose all convictions is grounds for license denial or disciplinary action following license issuance.

b. In order for the license application to be considered complete, an applicant with one or more convictions shall submit the complete criminal record for each conviction and a personal statement regarding whether each conviction directly relates to the duties and responsibilities of the profession.

c. An applicant must submit as part of the license application all evidence of rehabilitation that the applicant wishes to be considered by the board.

d. The board may deny a license if the applicant has a disqualifying offense, unless the applicant demonstrates by clear and convincing evidence that the applicant is rehabilitated pursuant to Iowa Code section 272C.15.

e. An applicant with one or more disqualifying offenses who has been found rehabilitated must still satisfy all other requirements for licensure.

f. Any application fees paid will not be refunded if the license is denied.

3.12(3) *Eligibility determination.*

a. An individual who has not yet submitted a completed license application may petition the board for a determination of whether one or more of the individual's convictions are disqualifying offenses that would render the individual ineligible for licensure. An individual with a conviction is not required to petition the board for an eligibility determination prior to applying for licensure.

b. To petition the board for an eligibility determination of whether one or more of the petitioner's convictions are disqualifying offenses, a petitioner shall submit all of the following:

(1) A completed eligibility determination form;

(2) The complete criminal record for each of the petitioner's convictions;

(3) A personal statement regarding whether each conviction directly relates to the duties and responsibilities of the profession and why the board should deem the petitioner rehabilitated;

(4) All evidence of rehabilitation that the petitioner wishes to be considered by the board; and

(5) Payment of a nonrefundable fee of $25.

3.12(4) *Appeal.* A petitioner deemed ineligible or an applicant denied a license because of a disqualifying offense may appeal the decision in the manner and time frame set forth in the board's written decision. A timely appeal will initiate a nondisciplinary contested case proceeding. The board's rules governing contested case proceedings will apply unless otherwise specified in this rule. If the petitioner or applicant fails to timely appeal, the board's written decision will become a final order.

a. An administrative law judge will serve as the presiding officer of the nondisciplinary contested case proceeding unless the board elects to serve as the presiding officer. When an administrative law judge serves as the presiding officer, the decision rendered shall be a proposed decision.

b. The contested case hearing shall be closed to the public, and the board's review of a proposed decision shall occur in closed session.

c. The office of the attorney general shall represent the board's initial ineligibility determination or license denial and shall have the burden of proof to establish that the petitioner's or applicant's convictions include at least one disqualifying offense. Upon the satisfaction of this burden by a preponderance of the evidence by the office of the attorney general, the burden of proof shall shift to the petitioner or applicant to establish rehabilitation by clear and convincing evidence.

d. A petitioner or applicant must appeal an ineligibility determination or license denial in order to exhaust administrative remedies. A petitioner or applicant may only seek judicial review of an ineligibility determination or license denial after the issuance of a final order following a contested case proceeding. Judicial review of the final order following a contested case proceeding shall be in accordance with Iowa Code chapter 17A.

3.12(5) *Future petitions or applications.* If a final order determines a petitioner is ineligible, the petitioner may not submit a subsequent petition for eligibility determination or a license application prior to the date specified in the final order. If a final order denies a license application, the applicant may not submit a subsequent license application or a petition for eligibility determination prior to the date specified in the final order.

[**ARC 9160C**, IAB 4/30/25, effective 6/4/25]

These rules are intended to implement Iowa Code chapters 17A, 147, 152, 152E, and 272C.

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[1] History relating also to "Licensure to Practice—Licensed Practical Nurse," Ch 4 prior to IAC 5/23/84.

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CHAPTER 4
COMPLAINTS, INVESTIGATIONS AND DISCIPLINE

[Prior to 5/23/84, IAC, "Disciplinary Proceedings" appeared as Ch 8]
[Prior to 5/23/84, "Licensure to Practice—Licensed Practical Nurse" appeared as Ch 4. See Ch 3.]
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Chapter rescission date pursuant to Iowa Code section 17A.7: 6/4/30

655—4.1(17A,147,152,272C) Complaints and investigations.

4.1(1) *Form and content of complaint.* The complaint will be submitted on the form deemed acceptable by the board and contain the following information:

a. The full name, address and telephone number of the complainant, except in instances in which the identity of the complainant is unknown.

b. The full name, address and telephone number, if known, of the licensee.

c. A clear and accurate statement of the facts of the allegation against the licensee.

4.1(2) *Place and time of filing complaint.* A written complaint may be delivered in person, by mail or electronically to the board office. The office address is Iowa Board of Nursing, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

4.1(3) *Processing complaints.* Board staff will open a complaint file upon receiving a complaint or other appropriate information or upon its own motion.

a. If the board does not have legal jurisdiction over a matter or the complaint does not allege a violation of board rule, staff may close the complaint file administratively without investigation or review by the board. All other complaints will be sent to case review.

b. A complaint file will be labeled as such and is not a public record. A complaint file is part of the licensee's history and may be shared with another licensing authority upon request.

c. When an investigation is requested on a file, the complaint file is relabeled as an investigative file. An investigative file is not public record. The investigative file becomes a part of the licensee's history and may be shared with another licensing authority, upon request.

4.1(4) *Case review.*

a. Case review is completed by the executive director, licensing division general counsel, and chief investigator.

b. The case review team will review each complaint the board has received and take one of the following actions:

(1) Request an investigation.

(2) Contact the complainant to obtain additional information and return to case review for further consideration.

(3) Recommend closure of the complaint file.

(4) Recommend the complaint file be flagged for further discussion by the board.

(5) Close the complaint file administratively.

4.1(5) *Board review.*

a. The board will take the recommendations of the case review and take one of the following actions:

(1) Close the complaint file without investigation. The board will notify the complainant and the licensee of the decision by letter.

(2) Close the investigative file that has been partially or fully investigated, with or without issuing an informal letter. The board will notify the complainant and the licensee of the decision by letter.

(3) Request further investigation.

b. The board may reconsider and reopen a closed complaint or investigative file at a later date.

4.1(6) *Investigation.* The executive director or a board investigator may conduct an investigation into the allegations of a complaint.

a. *Investigative report.* Upon completion of an investigation, the investigator will prepare a report for the board's consideration. The report will set forth the information obtained in the course of the investigation and the response, if any, of the licensee.

b. Investigative subpoenas. The executive director or designee may, upon the written request of a board investigator or upon the executive director's own initiative, subpoena books, papers, records, and other real evidence necessary for a board investigation.

(1) Request for subpoena. A written request for a subpoena shall contain the following:

1. The name and address of the person to whom the subpoena will be directed;
2. A specific description of the books, papers, records or other real evidence requested;
3. An explanation of why the evidence sought to be subpoenaed is necessary for the board to determine whether it should institute a contested case proceeding; and
4. In the case of a subpoena request for mental health records, confirmation that the conditions described in subparagraph 4.2(3)*"b"*(3) have been satisfied.

(2) Contents of subpoena. Each subpoena shall contain the following:

1. The name and address of the person to whom the subpoena is directed;
2. A description of the books, papers, records or other real evidence requested;
3. The date, time and location for production or inspection and copying;
4. The time within which a motion to quash or modify the subpoena must be filed;
5. The signature, address and telephone number of the executive director or designee;
6. The date of issuance; and
7. A return of service attached to the subpoena.

(3) Subpoena for mental health records. A subpoena for mental health records shall meet the requirements of subparagraph 4.1(6)*"b"*(2). The board will document the following prior to the issuance of a subpoena for mental health records:

1. The nature of the complaint reasonably justifies the issuance of a subpoena;
2. That adequate safeguards have been established to prevent unauthorized disclosure;
3. That an express statutory mandate, articulated public policy, or other recognizable public interest favors access; and
4. That an attempt was made to notify the patient and to secure an authorization from the patient for release of the records at issue.

(4) Motion to quash or modify subpoena.

1. Any person who is aggrieved or adversely affected by compliance with the subpoena and who desires to challenge the subpoena must, within 14 days after service of the subpoena, or before the time specified for compliance if such time is less than 14 days, file with the board a motion to quash or modify the subpoena. The motion shall describe the legal reasons why the subpoena should be quashed or modified and may be accompanied by legal briefs or factual affidavits.
2. Hearing on motion. Upon receipt of a timely motion to quash or modify a subpoena, the board may request an administrative law judge to hold a hearing and issue a decision, or the board may conduct a hearing and issue a decision. Oral argument may be scheduled at the discretion of the administrative law judge or the board. The administrative law judge or the board may quash or modify the subpoena, deny the motion, or issue an appropriate protective order.
3. Appeal of decision on motion. A person who is aggrieved by a ruling of an administrative law judge and who desires to challenge that ruling must appeal the ruling to the board by serving on the board's executive director, either in person or by certified mail, a notice of appeal within ten days after service of the decision of the administrative law judge.
4. Final agency action. If the person contesting the subpoena is not the person under investigation, the board's decision is final for purposes of judicial review. If the person contesting the subpoena is the person under investigation, the board's decision is not final for purposes of judicial review until either the person is notified that the investigation has been concluded with no formal action or there is a final decision in the contested case.

[**ARC 9161C**, IAB 4/30/25, effective 6/4/25]

655—4.2(17A,147,152,272C) Board action. When reviewing complaints and investigative material, the board will:

4.2(1) Close the case without further action. The board will notify the complainant and the licensee of the decision by letter. The board may reconsider and reopen a closed complaint or investigative file at a later date.

4.2(2) Close the case and issue an informal letter of warning or education. A letter of warning or education is an informal communication between the board and the licensee and is not formal disciplinary action or a public document. Letters of warning or education are not open for inspection under Iowa Code chapter 22. The board will maintain a copy of confidential letters of warning and education in the licensee's confidential investigative file. Confidential letters of warning and education may be used as evidence against a licensee in future contested case hearings before the board.

4.2(3) Request further investigation, including a peer review.

4.2(4) Determine the existence of probable cause and issue a notice of hearing and statement of charges or approve a combined statement of charges and settlement agreement.

4.2(5) The board or the licensee may request that the licensee appear before the board to discuss a pending investigation. The board has discretion on whether to grant a licensee's request for an appearance. By electing to participate in the appearance, the licensee waives any objection to a board member's both participating in the appearance and later participating as a decision maker in a contested case proceeding on the grounds that:

a. Board members have personally investigated the case, and

b. Board members have combined investigative and adjudicative functions.

If the executive director or licensing division general counsel participates in the appearance, the licensee further waives any objection to having the executive director or licensing division general counsel assist the board in the contested case proceeding.

4.2(6) All investigative information obtained by the board or its employees or agents, including peer reviewers acting under the authority of the board, in the investigative process is privileged and confidential. Board investigative information is not subject to discovery, subpoena, or other means of legal compulsion for its release to any person other than the licensee and the board or its employees and agents and is not admissible in evidence in any judicial or administrative proceeding other than the proceeding involving licensee discipline. However, the statement of charges, settlement agreement, or decision of the board in a contested case disciplinary proceeding is an open record.

[**ARC 9161C**, IAB 4/30/25, effective 6/4/25]

655—4.3(17A,147,152,272C) Peer review committee. Any case may be referred to peer review for evaluation of the professional services rendered by the licensee.

4.3(1) *Contract and case referral.* The board will enter into a contract with peer reviewers to provide peer review services. The board or board staff determine which peer reviewer(s) will review a case and what investigative information is referred to a peer reviewer.

4.3(2) *Written report.* Peer reviewers shall review the information provided and provide a written report to the board.

a. The written report shall contain a statement of facts, an opinion of the peer reviewer whether the licensee conformed to minimum standards of acceptable and prevailing practice of nursing and the rationale supporting the opinion.

b. The written report shall be signed by the peer reviewers concurring in the report.

c. If the peer reviewers find that they are unable to review the case, the investigative information shall be returned to the board.

4.3(3) *Confidentiality.* Peer reviewers shall observe the confidentiality requirements imposed by Iowa Code section 272C.6(4).

[**ARC 9161C**, IAB 4/30/25, effective 6/4/25]

655—4.4(17A,147,152,272C) Grounds for discipline. The board may impose any of the disciplinary sanctions provided in Iowa Code section 272C.3 when the board determines that the licensee is guilty of any of the following acts or offenses or those listed in Iowa Code section 147.55:

4.4(1) Fraud in procuring a license. Fraud in procuring a license includes but is not limited to an intentional perversion of the truth in making application for a license to practice in this state, which includes the following:

a. False representations of a material fact, whether by word or by conduct, by false or misleading allegations, or by concealment of that which should have been disclosed when making application for a license in this state.

b. Falsification of the application, credentials, or records submitted to the board for licensure or license renewal.

c. Fraud, misrepresentation, or deceit in taking the licensing examination or in obtaining a license.

d. Impersonating any applicant in any examination for licensure.

4.4(2) Professional incompetence. Professional incompetence includes but is not limited to:

a. A lack of knowledge, skill, or ability to discharge professional obligations within the scope of nursing practice.

b. Deviation from the standards of learning, education, or skill ordinarily possessed and applied by other licensees in the state of Iowa acting in the same or similar circumstances.

c. Willful or repeated departure from or failure to conform to the minimum standards of acceptable and prevailing practice of nursing in the state of Iowa.

d. Willful or repeated failure to practice nursing with reasonable skill and safety.

e. Willful or repeated failure to practice within the scope of current licensure or level of preparation.

f. Mental or physical inability reasonably related to and adversely affecting the licensee's ability to practice in a safe and competent manner.

g. Being adjudged mentally incompetent by a court of competent jurisdiction.

h. Failure to meet the standards as defined in 655—Chapter 6.

i. Failure to meet the standards as defined in 655—Chapter 7.

j. Failure to comply with the requirements of Iowa Code chapter 139A.

4.4(3) Behavior that constitutes knowingly making misleading, deceptive, untrue, or fraudulent representations in the practice of a profession, including but not limited to:

a. Oral or written misrepresentation relating to degrees, credentials, licensure status, records, and applications.

b. Falsifying records related to nursing practice or knowingly permitting the use of falsified information in those records.

4.4(4) Behavior that constitutes unethical conduct or practice harmful or detrimental to the public, including but not limited to:

a. Performing nursing services beyond the authorized scope of practice for which the individual is licensed or prepared.

b. Allowing another person to use one's nursing license for any purpose.

c. Failing to comply with any rule promulgated by the board related to minimum standards of nursing.

d. Improper delegation of nursing services, functions, or responsibilities.

e. Committing an act or omission that may adversely affect the physical or psychosocial welfare of the patient or client.

f. Committing an act that causes physical, emotional, or financial injury to the patient or client.

g. Failing to report to, or leaving, a nursing assignment without properly notifying appropriate supervisory personnel and ensuring the safety and welfare of the patient or client.

h. Violating the confidentiality or privacy rights of the patient or client.

i. Discriminating against a patient or client because of age, sex, race, ethnicity, national origin, creed, illness, disability, sexual orientation, or economic or social status.

j. Failing to assess, accurately document, evaluate, or report the status of a patient or client.

k. Misappropriating or attempting to misappropriate medications, property, supplies, or equipment of the patient, client, or agency.

l. Fraudulently or inappropriately using or permitting the use of prescriptions, obtaining or attempting to obtain prescription medications under false pretenses, or assisting others to obtain or attempt to obtain prescription medication under false pretenses.

m. Practicing nursing while under the influence of alcohol, marijuana, or illicit drugs or while impaired by the use of pharmacological agents or medications, even if legitimately prescribed.

n. Obtaining, possessing, attempting to obtain or possess, or administering controlled substances without lawful authority.

o. Habitual intoxication or addiction to the use of drugs, including:

(1) The inability of a licensee to practice with reasonable skill and safety by reason of excessive use of alcohol on a continuing basis.

(2) The excessive use of drugs that may impair a licensee's ability to practice with reasonable skill or safety.

p. Engaging in behavior that is contradictory to professional decorum.

q. Failing to report suspected wrongful acts or omissions committed by a licensee of the board.

r. Failing to comply with an order of the board.

s. For an advanced registered nurse practitioner, prescribing, dispensing, administering, or distributing drugs:

(1) In an unsafe manner.

(2) Without accurately documenting it or without assessing, evaluating, or instructing the patient or client.

(3) To individuals who are not patients or who are outside of the licensee's specialty area.

t. Engaging in repeated verbal or physical conduct that interferes with another health care worker's performance or creates an intimidating, hostile, or offensive work environment.

u. Failing to properly safeguard or secure medications.

v. Failing to properly document or perform medication wastage.

4.4(5) For purposes of this subrule, "patient" is defined to include the patient and the patient's family or caretakers who are present with the patient while the patient is under the care of the licensee. Behavior that constitutes unethical conduct or practice harmful or detrimental to the public includes but is not limited to professional boundaries violations of:

a. Sexual contact with a patient, regardless of patient consent.

b. Making lewd, suggestive, demeaning, or otherwise sexual comments, regardless of patient consent.

c. Participating in, initiating, or attempting to initiate a sexual, emotional, social, or business relationship with a patient, regardless of patient consent.

d. Soliciting, borrowing, or misappropriating money or property from a patient, regardless of patient consent.

e. Repeatedly divulging personal information to a patient for nontherapeutic purposes, regardless of patient consent.

f. Engaging in a sexual, emotional, social, or business relationship with a former patient when there is a risk of exploitation or harm to the patient, regardless of patient consent.

4.4(6) Being convicted of an offense that directly relates to the duties and responsibilities of the profession. A conviction includes a guilty plea, including Alford and nolo contendere pleas, or a finding or verdict of guilt, even if the adjudication of guilt is deferred, withheld, or not entered. A copy of the guilty plea or order of conviction constitutes conclusive evidence of conviction. An offense directly relates to the duties and responsibilities of the profession if the actions taken in furtherance of the offense are actions customarily performed within the scope of practice of the profession or the circumstances under which the offense was committed are circumstances customary to the profession.

4.4(7) Fraud in representation as to skill or ability.

4.4(8) Use of untruthful or improbable statements in advertisements.

4.4(9) Willful or repeated violations of provisions of Iowa Code chapter 147, 152, or 272C.

4.4(10) Other acts or offenses as specified by board rule, including:

a. Failing to provide written notification of a change of address to the board within 30 days of the event.

b. Failing to notify the board within 30 days from the date of the final decision in a disciplinary action taken by the licensing authority of another state, territory, or country.

c. Failing to notify the board of a criminal conviction within 30 days of the action, regardless of whether the judgment of conviction or sentence was deferred, and regardless of the jurisdiction where it occurred.

d. Failing to submit an additional completed fingerprint packet as required and applicable fee, when a previous fingerprint submission has been determined to be unacceptable, within 30 days of a request made by board staff.

e. Failing to respond to the board during a board audit or submit verification of compliance with continuing education requirements, with training in child or dependent adult abuse identification and reporting, or exceptions within the time period provided.

f. Failing to respond to the board during a board audit or submit verification of compliance with the requirements for the supervision of fluoroscopy set forth in 655—subrule 7.4(5) or exceptions within the time period provided.

g. Failing to respond to or comply with a board investigation or subpoena.

h. Engaging in behavior that is threatening or harassing to the board, board staff, or agents of the board.

i. Violating an initial agreement or contract with the Iowa professional health program.

4.4(11) Engaging in the practice of nursing in Iowa prior to licensure or not pursuant to the nurse licensure compact or engaging in practice of nursing in Iowa on an inactive license.

4.4(12) In accordance with Iowa Code section 152.10(2):

a. Continuing to practice while knowingly having an infectious or contagious disease that could be harmful to a patient's welfare without taking precautions to meet the current standard of care.

b. Having a license to practice nursing as a registered nurse, licensed practical/vocational nurse, or advanced registered nurse practitioner revoked or suspended, or having other disciplinary action taken, by a licensing authority of another state, territory, or country.

c. Having a license to practice nursing as a registered nurse, licensed practical/vocational nurse, or advanced registered nurse practitioner revoked or suspended, or having other disciplinary action taken, by a licensing authority in another state that has adopted the nurse licensure compact contained in Iowa Code section 152E.1 or the advanced practice registered nurse compact contained in Iowa Code section 152E.3 and that has communicated information relating to such action pursuant to the coordinated licensure information system established by the compact. If the action taken by the licensing authority occurs in a jurisdiction that does not afford the procedural protections of Iowa Code chapter 17A, the licensee may object to the communicated information and shall be afforded the procedural protections of Iowa Code chapter 17A.

d. Knowingly aiding, assisting, procuring, advising, or allowing a person to unlawfully practice nursing.

e. Being adjudicated mentally incompetent by a court of competent jurisdiction. Such adjudication shall automatically suspend a license for the duration of the license unless the board orders otherwise.

f. Being unable to practice nursing with reasonable skill and safety by reason of illness or as a result of a mental or physical condition.

[**ARC 9161C**, IAB 4/30/25, effective 6/4/25]

655—4.5(17A,147,152,272C) Voluntary surrender. A voluntary surrender of licensure may be submitted to the board as resolution of a contested case or in lieu of continued compliance with a disciplinary decision of the board. A voluntary surrender, when accepted by the board, has the same force and effect as an order of revocation. A voluntary surrender of a license during the pendency of a complaint or investigation shall be considered discipline and shall have the same force and effect as an order of revocation.

[**ARC 9161C**, IAB 4/30/25, effective 6/4/25]

655—4.6(272C) Disciplinary hearing—fees and costs.

4.6(1) Fees and costs assessed by the board pursuant to Iowa Code section 272C.6(6)*"a"* will be calculated by the board's executive director and be entered as part of the board's final disciplinary order. The board's final disciplinary order will specify the time period in which the fees and costs shall be paid by the licensee.

4.6(2) Failure of the licensee to pay the fees and costs assessed herein in the time specified in the board's final disciplinary order may constitute a violation of a lawful order of the board.

[**ARC 9161C**, IAB 4/30/25, effective 6/4/25]

These rules are intended to implement Iowa Code chapters 17A, 147, 152, and 272C.

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CHAPTER 5
CONTINUING EDUCATION

[Prior to 8/26/87, Nursing Board[590] Ch 5]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/4/30

655—5.1(272C) Definitions. The board adopts by reference the definitions in Iowa Code section 272C.1 as well as the following:

"Academic offering" means an extension course, independent study, or other course that is offered for academic credit or audit by an accredited institution of higher education.

"Audit" means the selection of licensees for verification of satisfactory completion of continuing education requirements during a specified time period.

"Certification" means evidence of advanced credentials earned by a licensee who has met all eligibility criteria.

"Continuing education credit" means contact hours or continuing education units (CEUs) to show evidence of course attendance.

"Extended course" means an organized program of study offered in a series of sessions.

"Informal offering" means a workshop, seminar, webinar or online course, institute, conference, lecture, extended course, provider-designed self-study, or learner-designed self-study that is offered for credit in contact hours or continuing education units.

"Learner-designed self-study" means lecture development, research, preparation of articles for publication, development of patient care programs or patient education programs, or projects directed at resolving administrative problems in which the learner takes the initiative and the responsibility for assessing, planning, implementing, and evaluating an educational activity under the guidance of an Iowa approved provider.

"Practicum" means a course-related, planned and supervised clinical experience that includes clinical objectives and assignment to practice in a laboratory setting or with patients/clients/families for attainment of the objectives.

"Provider-designed self-study" means a program that the provider designs for the nurse to complete at the nurse's own pace (e.g., home study, programmed instruction).

[**ARC 9162C**, IAB 4/30/25, effective 6/4/25]

655—5.2(272C) Continuing education—licensees.

5.2(1) *Requirements.* License renewal requires the verifiable completion of 36 contact hours or 3.6 CEUs of credit or an exemption within the renewal period.

5.2(2) *Accumulating hours or credit.*

a. Units of measurement used for continuing education courses is as follows:

(1) One contact hour = 60 minutes of didactic instruction, work on learner-designed self-study, and clinical or laboratory practicum in an informal offering.

(2) One CEU = 10 contact hours.

(3) One academic semester hour = 15 contact hours.

(4) One academic quarter hour = 10 contact hours.

b. Up to 18 contact hours or 1.8 CEUs of credit may be carried over to a future license period if the licensee has exceeded the minimum required hours for the reporting period.

c. Approved make-up credit may only be used once.

5.2(3) *Appropriate subject matter.* Appropriate subject matter for continuing education includes:

a. Nursing practice related to health care of patients/clients/families in any setting.

b. Professional growth and development related to nursing practice roles with a health care focus.

c. Sciences upon which nursing practice, nursing education, or nursing research is based.

d. Social, economic, ethical and legal aspects of health care.

e. Management of or administration of health care, health care personnel, or health care facilities.

f. Education of patients or patients' significant others, students, or personnel in the health care field.

g. Academic offerings that meet the qualifications of appropriate subject matter, meet the requirements of a nursing education program that extends beyond the education completed for the original nursing license, or both. The licensee shall retain a transcript exhibiting a passing grade for each academic offering.

h. Current national certification or recertification related to the practice of nursing. The national certification or recertification is recognized as 36 contact hours of continuing education.

i. Completion of a board-approved nurse refresher course. Hours of participation will be recognized as contact hours of continuing education.

j. Participation as a preceptor for a nursing student or employee transitioning into a new clinical practice area, for a minimum of 60 hours as a part of an organized preceptorship program. A licensee shall maintain documentation issued by the institution supervising the student or employee demonstrating the objectives of the preceptorship and the hours completed. A preceptorship shall be recognized as 6 contact hours of continuing education.

k. Completion of a nurse residency program. A residency program is recognized as 36 contact hours of continuing education.

l. Academic offerings provided by the following entities:

(1) Community colleges.

(2) Public and private colleges and universities.

(3) Governmental academies.

5.2(4) *Documentation.* Licensees are required to keep continuing education documentation for a period of four years, including proof of attendance, licensee's name, course date, course title, awarded hours and provider approval information.

5.2(5) *Exemptions to continuing education.* A licensee may be exempt from continuing education requirements if the licensee provides proof upon request of the following:

a. Honorable active duty in the United States military during the license period.

b. Possesses a current license to practice in another state that has mandatory continuing education requirements, so long as the license is active and the licensee resides in a state other than Iowa at the time of renewal or reactivation.

c. Worked outside the United States during the renewal period as a registered nurse or licensed practical nurse for the government or foreign service or in missionary work.

d. Had a physical or mental disability or illness during the relevant time period and applied for an extension of time to complete continuing education requirements or for a medical exemption from the continuing education requirements. An application is available upon request and requires the signature of a health care provider who can attest to the existence of a disability or illness during the license period. The application form shall be submitted prior to license expiration. A licensee shall not claim an extension of time or exemption from continuing education requirements on a license renewal application pursuant to this rule unless and until the licensee has received approval.

5.2(6) *Failure to meet requirement or qualify for an exemption.* A licensee who fails to meet continuing education requirements or qualify for an exemption prior to license expiration cannot renew the license until completion of the continuing education requirements or qualification for an exemption during the late renewal period.

5.2(7) *Audit of licensees.* The board may select licensees for audit following a period of licensure.

a. The licensee must submit verification of compliance with continuing education requirements or of exemptions for the period of licensure being audited.

b. The licensee must submit proof of completion of the mandatory reporter training course(s) provided by the department of health and human services in the previous three years as specified in 655—subrule 3.7(3).

c. Verification must be submitted within 30 days after the date of the audit notification. An extension of time may be granted on an individual basis.

d. If submitted materials are incomplete or unsatisfactory, the licensee will be notified. The licensee will be given the opportunity to submit credit to cover the deficit found through the audit. The make-up credit shall not be reused for the current renewal period.

e. The board will notify the licensee of satisfactory completion of the audit.

f. Failure to complete the audit satisfactorily or falsification of information may result in disciplinary action.

g. Failure to notify the board of a current mailing address will not absolve the licensee of the audit requirement.

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CHAPTER 6
NURSING PRACTICE FOR REGISTERED NURSES/LICENSED PRACTICAL NURSES

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655—6.1(152) Definitions.

"Advanced registered nurse practitioner" or *"ARNP"* means a person who is currently licensed as a registered nurse under Iowa Code chapter 152 or 152E and who is licensed by the board as an advanced registered nurse practitioner.

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

"Board" as used in this chapter means the Iowa board of nursing.

"Competence" means having sufficient knowledge, judgment, and skill to perform a specific function.

"Expanded intravenous therapy certification course" means the Iowa board of nursing course required for licensed practical nurses to perform procedures related to the expanded scope of practice of intravenous therapy.

"Initial assessment" means the systematic collection of data to determine the patient's health status and plan of care, and to identify any actual or potential health problems, which is performed upon the patient's first arrival or admission to a unit or facility, or upon any significant changes in the patient's status.

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

"Midline catheter" means a long peripheral catheter in which the distal end resides in the mid to upper arm, but the tip terminates no further than the axilla.

"Nursing diagnosis" means a judgment made by a registered nurse, following a nursing assessment of an individual or group about actual or potential responses to health problems, which forms the basis for determining effective nursing interventions.

"Nursing facility" means an institution as defined in Iowa Code chapter 135C. This term does not include acute care settings.

"Nursing process" means ongoing assessment, nursing diagnosis, planning, intervention, and evaluation.

"Peripheral intravenous catheter" means a catheter three inches or less in length.

"Peripherally inserted central catheter" or *"PICC"* means a soft flexible central venous catheter inserted into an extremity and advanced until the tip is positioned in the vena cava.

"Proximate area" means sufficiently close in time and space, within the same building, to provide timely in-person assistance.

"Supervision" means directly or indirectly observing a function or activity and taking reasonable steps to ensure the nursing care being provided is adequate and delivered appropriately.

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

"Unlicensed assistive personnel" or *"UAP"* is an individual who is trained to function in an assistive role to the registered nurse and licensed practical nurse in the provision of nursing care activities as delegated by the registered nurse or licensed practical nurse.

[**ARC 9163C**, IAB 4/30/25, effective 6/4/25]

655—6.2(152) Standards of nursing practice for registered nurses.

6.2(1) A registered nurse recognizes and understands the legal boundaries for practicing nursing within the scope of nursing practice. The scope of practice of the registered nurse is determined by the

nurse's education, experience, and competency and the rules governing nursing. The scope of practice of the registered nurse does not include those practices requiring the knowledge and education of an advanced registered nurse practitioner.

6.2(2) The registered nurse demonstrates professionalism and accountability by:

a. Demonstrating honesty and integrity in nursing practice.

b. Basing nursing decisions on nursing knowledge, judgment, skills, the needs of patients, and evidence-based practices.

c. Maintaining competence through ongoing learning, application of knowledge, and applying evidence-based practices.

d. Reporting instances of unsafe nursing practices by self or others to the appropriate supervisor.

e. Being accountable for judgments, individual nursing actions, competence, decisions, and behavior in the practice of nursing.

f. Assuming responsibility for the nurse's own decisions and actions.

g. Wearing identification that clearly identifies the nurse as a registered nurse when providing direct patient care unless wearing identification creates a safety or health risk for either the nurse or the patient.

6.2(3) The registered nurse utilizes the nursing process by:

a. Conducting a thorough nursing assessment based on the patient's needs and the practice setting.

b. Applying nursing knowledge based on the biological, psychological, and sociocultural aspects of the patient's condition.

c. Detecting inaccurate or missing patient information.

d. Receiving a physician's, ARNP's, or other health care provider's orders and seeking clarification of orders when needed.

e. Formulating independent nursing decisions and nursing diagnoses by using critical thinking, objective findings, and clinical judgment.

f. Planning nursing care and nursing interventions by establishing measurable and achievable outcomes, consistent with the patient's overall health care plan.

g. Obtaining education and ensuring competence when encountering new equipment, technology, medication, procedures or any other unfamiliar care situations.

h. Implementing treatment and therapy as identified by the patient's overall health care plan.

i. Monitoring patients and attending to patients' health care needs.

j. Identifying changes in the patient's health status, as indicated by pertinent signs and symptoms, and comprehending the clinical implications of those changes.

k. Evaluating continuously the patient's response to nursing care and other therapies, including:

(1) Patient's response to interventions.

(2) Need for alternative interventions.

(3) Need to communicate and consult with other health team members.

(4) Need to revise the plan of care.

l. Documenting nursing care accurately, thoroughly, and in a timely manner.

m. Communicating and consulting with other health team members regarding the following:

(1) Patient concerns and special needs.

(2) Patient status and progress.

(3) Patient response or lack of response to interventions.

(4) Significant changes in patient condition.

(5) Interventions that are not implemented, based on the registered nurse's professional judgment, and providing:

1. A timely notification to the physician, ARNP, or other health care provider who prescribed the intervention that the order was not executed and reason(s) for not executing the order;

2. Documentation in the medical record that the physician, ARNP, or other health care provider was notified and reason(s) for not implementing the order; and

3. If appropriate, a timely notification to other persons who, based on the patient's circumstances, should be notified of any orders that were not implemented.

n. Revising plan of care as needed.

o. Providing a safe environment for the patient.

p. Providing comprehensive health care education to the patient and others, according to nursing standards and evidence-based practices.

6.2(4) The registered nurse acts as an advocate for the patient(s) by:

a. Respecting the patient's rights, confidentiality, concerns, decisions, and dignity.

b. Identifying patient needs.

c. Attending to patient concerns or requests.

d. Promoting a safe environment for the patient, others, and self.

e. Maintaining appropriate professional boundaries.

6.2(5) The registered nurse applies the delegation process when delegating to another registered nurse or licensed practical nurse by:

a. Delegating only those nursing tasks that fall within the delegatee's scope of practice, education, experience, and competence.

b. Matching the patient's needs and circumstances with the delegatee's qualifications, resources, and appropriate supervision.

c. Communicating directions and expectations for completion of the delegated activity and receiving confirmation of understanding of the communication from the delegatee.

d. Supervising the delegatee by monitoring performance, progress and outcomes and ensuring appropriate documentation is complete.

e. Evaluating patient outcomes as a result of the delegation process.

f. Intervening when problems are identified, revising plan of care when needed, and reassessing the appropriateness of the delegation.

g. Retaining accountability for properly implementing the delegation process.

h. Promoting a safe and therapeutic environment by:

(1) Providing appropriate monitoring and surveillance of the care environment.

(2) Identifying unsafe care situations.

(3) Correcting problems or referring problems to appropriate management level when needed.

6.2(6) The registered nurse shall not delegate the following intravenous therapy procedures to a licensed practical nurse:

a. Initiation and discontinuation of a midline catheter or a PICC.

b. Administration of medication by bolus or IV push except maintenance doses of analgesics via a patient-controlled analgesia pump set at a lock-out interval.

c. Administration of blood and blood products, vasodilators, vasopressors, oxytoxics, chemotherapy, colloid therapy, total parenteral nutrition, anticoagulants, antiarrhythmics, thrombolytics, and solutions with a total osmolarity of 600 or greater.

d. Provision of intravenous therapy to a patient under the age of 12 or any patient weighing less than 80 pounds, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(5).

e. Provision of intravenous therapy in any other setting except a licensed hospital, a nursing facility and a certified end-stage renal dialysis unit, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(5).

6.2(7) The registered nurse applies the delegation process when delegating to a UAP by:

a. Ensuring the UAP has the appropriate education and training and has demonstrated competency to perform the delegated task.

b. Ensuring the task does not require assessment, interpretation, and independent nursing judgment or nursing decision during the performance or completion of the task.

c. Ensuring the task does not exceed the scope of practice of a licensed practical nurse.

d. Ensuring the task is consistent with the UAP's scope of employment and can be safely performed according to clear and specific directions.

e. Verifying that, in the professional judgment of the delegating nurse, the task poses minimal risk to the patient.

f. Communicating directions and expectations for completion of the delegated activity and receiving confirmation of understanding of the communication from the UAP.

g. Supervising the UAP and evaluating the patient outcomes of the delegated task.

6.2(8) Subrule 6.2(7) does not apply to delegations to certified emergency medical care personnel who are employed by or assigned to a hospital or other entity in which health care is ordinarily provided, so long as:

a. The nurse has observed the patient;

b. The delegated task is a nonlifesaving procedure; and

c. The task is within the delegatee's job description.

6.2(9) Additional acts that may be performed by, and specific nursing practices for, registered nurses:

a. A registered nurse is permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—Chapter 42.

b. A registered nurse may staff an authorized ambulance, rescue, or first response service provided the registered nurse can document equivalency through education and additional skills training essential in the delivery of out-of-hospital emergency care. The equivalency is accepted when documentation has been reviewed and approved at the local level by the medical director of the ambulance, rescue, or first response service and the Iowa department of public health bureau of emergency and trauma services in accordance with the form adopted by the Iowa department of public health. An exception to this subrule is the registered nurse who accompanies and is responsible for a transfer patient.

c. A registered nurse, while circulating in the operating room, shall provide supervision only to persons in the same operating room.

This rule is intended to implement Iowa Code section 147A.12 and chapters 136C and 152.

[**ARC 9163C**, IAB 4/30/25, effective 6/4/25]

655—6.3(152) Standards of nursing practice for licensed practical nurses.

6.3(1) The licensed practical nurse recognizes and understands the legal boundaries for practicing nursing within the scope of nursing practice. The scope of practice of the licensed practical nurse is determined by the nurse's education, experience, and competency and the rules governing nursing.

6.3(2) The licensed practical nurse demonstrates professionalism and accountability by:

a. Demonstrating honesty and integrity in nursing practice.

b. Basing nursing decisions on nursing knowledge and skills, the needs of patients, and licensed practical nursing standards.

c. Maintaining competence through ongoing learning and application of knowledge in practical nursing practice.

d. Reporting instances of unsafe nursing practices by self or others to the appropriate supervisor.

e. Being accountable for judgments, individual nursing actions, competence, decisions, and behavior in the course of practical nursing practice.

f. Assuming responsibility for the nurse's own decisions and actions.

g. Wearing identification that clearly identifies the nurse as a licensed practical nurse when providing direct patient care unless wearing identification creates a safety or health risk for either the nurse or the patient.

6.3(3) The licensed practical nurse, practicing under the supervision of a registered nurse, ARNP, or licensed physician, consistent with the accepted and prevailing practices and practice setting, may participate in the nursing process by:

a. Participating in nursing care, health maintenance, patient teaching, evaluation and collaborative planning and rehabilitation to the extent of the licensed practical nurse's education, experience, and competency.

b. Participating in both the initial and ongoing nursing assessment of the patient's health status. The registered nurse is responsible for the plan of care, including verifying and interpreting the initial assessment data obtained by the licensed practical nurse.

c. Assisting the supervising registered nurse, ARNP, or physician in planning for patient care by identifying patient needs and goals.

d. Demonstrating attentiveness and providing patient surveillance and monitoring.

e. Seeking clarification of orders when needed.

f. Obtaining education and ensuring competence when encountering new equipment, technology, medication, procedures or any other unfamiliar care situations.

g. Implementing treatment and therapy as identified by the patient's overall health care plan.

h. Documenting nursing care accurately, thoroughly, and in a timely manner.

i. Evaluating continuously the patient's response to nursing care and other therapies, including:

(1) Patient's response to interventions.

(2) Need for alternative interventions.

(3) Need to communicate and consult with other health team members.

(4) Need to revise the plan of care.

j. Collaborating and communicating relevant and timely patient information with patients and other health team members to ensure quality and continuity of care, including:

(1) Patient concerns and special needs.

(2) Patient status and progress.

(3) Patient response or lack of response to interventions.

(4) Significant changes in patient condition.

(5) Interventions that are not implemented, based on the licensed practical nurse's professional judgment, and providing:

1. A timely notification to the physician, ARNP, registered nurse, or other health care provider who prescribed the intervention that the order was not executed and reason(s) for not executing the order;

2. Documentation in the medical record that the physician, ARNP, registered nurse, or other health care provider was notified and reason(s) for not implementing the order; and

3. If appropriate, a timely notification to other persons who, based on the patient's circumstances, should be notified of any orders that were not implemented.

k. Providing a safe environment for the patient.

l. Participating in the health care education of the patient and others, according to nursing standards and evidence-based practices.

6.3(4) A licensed practical nurse shall not perform any activity requiring the knowledge and education of a registered nurse, including but not limited to:

a. Initiating a procedure or therapy that requires the knowledge and education level of a registered nurse.

b. Performing an assessment of a procedure or therapy that requires the knowledge and education level of a registered nurse.

c. Initiating or administering blood components.

d. Initiating or administering medications requiring the knowledge and education level of a registered nurse.

6.3(5) A licensed practical nurse, under the supervision of a registered nurse, may engage in the limited scope of practice of intravenous therapy. The licensed practical nurse shall be educated and have documentation of competency in the limited scope of practice of intravenous therapy. Limited scope of practice of intravenous therapy may include:

a. Addition of intravenous solutions without adding medications to established peripheral intravenous sites.

b. Monitoring and regulating the rate of nonmedicated intravenous solutions to established peripheral intravenous sites.

c. Administration of maintenance doses of analgesics via the patient-controlled analgesia pump set at a lock-out interval to established peripheral intravenous sites.

d. Discontinuation of peripheral intravenous therapy.

e. Administration of a prefilled heparin or saline syringe flush, prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse, to an established peripheral lock, in a licensed hospital, a nursing facility or a certified end-stage renal dialysis unit.

6.3(6) In a certified end-stage renal dialysis unit, nursing tasks that may be delegated by a registered nurse to a licensed practical nurse, for the sole purpose of hemodialysis treatment, include:

a. Initiation and discontinuation of the hemodialysis treatment utilizing any of the following established vascular accesses: central line catheter, arteriovenous fistula, and graft.

b. Administration, during hemodialysis treatment, of local anesthetic prior to cannulation of the vascular access site.

c. Administration of prescribed dosages of heparin solution or saline solution utilized in the initiation and discontinuation of hemodialysis.

d. Administration, during hemodialysis treatment via the extracorporeal circuit, of the routine intravenous medications erythropoietin, Vitamin D analog, intravenous antibiotic solutions prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse, and iron, excluding any iron preparation that requires a test dose. The registered nurse shall administer the first dose of erythropoietin, Vitamin D analog, antibiotics, and iron.

6.3(7) The licensed practical nurse acts as an advocate for the patient by:

a. Always practicing under the supervision of a registered nurse, ARNP, or physician.

b. Respecting the patient's rights, confidentiality, concerns, decisions, and dignity.

c. Identifying patient needs.

d. Attending to patient concerns or requests.

e. Promoting a safe environment for the patient, others, and self.

f. Maintaining appropriate professional boundaries.

6.3(8) The licensed practical nurse applies the delegation process when delegating to another licensed practical nurse by:

a. Delegating only those nursing tasks that fall within the scope of practice of a licensed practical nurse.

b. Delegating only those nursing tasks that fall within the delegatee's scope of practice, education, experience, and competence.

c. Matching the patient's needs and circumstances with the delegatee's qualifications, resources, and appropriate supervision.

d. Communicating directions and expectations for completion of the delegated activity and receiving confirmation of the communication from the delegatee.

e. Supervising the delegatee by monitoring performance, progress and outcomes and ensuring appropriate documentation is complete.

f. Evaluating patient outcomes as a result of the delegation process.

g. Intervening when problems are identified, revising plan of care when needed, and reassessing the appropriateness of the delegation.

h. Retaining accountability for properly implementing the delegation process.

i. Promoting a safe and therapeutic environment by:

(1) Providing appropriate monitoring and surveillance of the care environment;

(2) Identifying unsafe care situations; and

(3) Correcting problems or referring problems to appropriate management level when needed.

6.3(9) The licensed practical nurse applies the delegation process when delegating to a UAP by:

a. Delegating only those nursing tasks that fall within the scope of practice of a licensed practical nurse.

b. Ensuring the UAP has the appropriate education and training and has demonstrated competency to perform the delegated task.

c. Ensuring the task does not require assessment, interpretation, and independent nursing judgment or nursing decision during the performance or completion of the task.

d. Ensuring the task is consistent with the UAP's scope of employment and can be safely performed according to clear and specific directions.

e. Verifying that, in the professional judgment of the delegating nurse, the task poses minimal risk to the patient.

f. Communicating directions and expectations for completion of the delegated activity and receiving confirmation of the communication from the UAP.

g. Supervising the UAP and evaluating the patient outcomes of the delegated task.

6.3(10) The licensed practical nurse may provide nursing care in an acute care setting so long as a registered nurse, ARNP, or physician is present in the proximate area.

6.3(11) The licensed practical nurse may provide nursing care in a non-acute care setting. However, a registered nurse, ARNP, or physician must be present in the proximate area if the licensed practical nurse provides nursing care in the following non-acute care settings and the licensed practical nurse is responsible for requesting nurse consultation as needed:

a. Community health settings, except:

(1) The licensed practical nurse is permitted to provide supportive and restorative care in the home setting under the supervision of a registered nurse or a physician.

(2) The licensed practical nurse is permitted to provide supportive and restorative care in a camp setting under the supervision of a registered nurse or a physician.

b. Schools, except:

(1) The licensed practical nurse is permitted to provide supportive and restorative care to a specific student in the school setting in accordance with the student's health plan when under the supervision of, and as delegated by, the registered nurse employed by the school district.

(2) The licensed practical nurse is permitted to provide supportive and restorative care in a Head Start program under the supervision of a registered nurse or a physician if the licensed practical nurse was in this position prior to July 1, 1985.

c. Occupational health settings.

d. Correctional facilities, except:

(1) The licensed practical nurse is permitted to provide supportive and restorative care in a county jail facility or municipal holding facility operating pursuant to Iowa Code chapter 356. The supportive and restorative care provided by the licensed practical nurse in such facilities shall be performed under the supervision of a registered nurse. The registered nurse shall be available 24 hours per day by teleconferencing equipment.

(2) Reserved.

e. Community mental health settings.

f. Health care clinics, except:

(1) The licensed practical nurse is permitted to conduct height, weight and hemoglobin screening and record responses to health questions asked in a standardized questionnaire under the supervision of a registered nurse in a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinic. A registered nurse employed by or under a contract with the WIC agency will assess the competency of the licensed practical nurse to perform these functions and must be available for consultation. The licensed practical nurse is responsible for requesting registered nurse consultation as needed.

(2) The licensed practical nurse is permitted to provide care, including but not limited to dispensing medications such as methadone, buprenorphine, and naltrexone, in opioid treatment program facilities and opioid treatment medication units. A registered nurse employed by or under a contract with the opioid treatment program or opioid treatment medication unit will assess the competency of the licensed practical nurse to dispense medications and must be available for consultation at all times. The licensed practical nurse is responsible for requesting registered nurse consultation as needed.

6.3(12) A licensed practical nurse may be permitted to supervise other licensed practical nurses or unlicensed assistive personnel, pursuant to Iowa Code section 152.1(5)*"b,"* in the following practice settings, in accordance with the following:

a. A licensed practical nurse working under the supervision of a registered nurse may be permitted to supervise in an intermediate care facility for persons with an intellectual disability or in a residential health care setting.

b. A licensed practical nurse working under the supervision of a registered nurse who is in the proximate area may direct the activities of other licensed practical nurses and unlicensed assistive personnel in an acute care setting in giving care to individuals assigned to the licensed practical nurse.

c. A licensed practical nurse working under the supervision of a registered nurse may supervise in a nursing facility if the licensed practical nurse completes the National Healthcare Institute's Supervisory Course for Iowa's Licensed Practical Nurses within 90 days of employment in a supervisory role. Documentation of the completion of the course shall be maintained by the licensed practical nurse. A licensed practical nurse is entitled to supervise without completing the course if the licensed practical nurse was performing in a supervisory role on or before October 6, 1982. A licensed practical nurse who is currently enrolled as a full-time student in a registered nurse program and is scheduled to graduate within one year is not required to complete the course. If the licensed practical nurse does not obtain a registered nurse license within one year, the licensed practical nurse must take the course to continue supervisory duties.

6.3(13) A licensed practical nurse is permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—Chapter 42.

6.3(14) A licensed practical nurse is permitted to perform, in addition to the functions set forth in subrule 6.3(5), procedures related to the expanded scope of practice of intravenous therapy upon completion of the board-approved expanded intravenous therapy certification course and in accordance with the following:

a. To be eligible to enroll in the course, the licensed practical nurse shall:

(1) Hold a current unrestricted Iowa license or an unrestricted license in another state recognized for licensure in this state pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.

(2) Have documentation of 1,040 hours of practice as a licensed practical nurse.

(3) Be practicing in a licensed hospital, a nursing facility or a certified end-stage renal dialysis unit whose policies allow the licensed practical nurse to perform procedures related to the expanded scope of practice of intravenous therapy.

b. The course must be offered by an approved Iowa board of nursing provider of nursing continuing education. Documentation of course completion shall be maintained by the licensed practical nurse and employer.

c. The board-approved course shall incorporate the responsibilities of the licensed practical nurse when providing intravenous therapy via a peripheral intravenous catheter, a midline catheter and a PICC to children, adults and elderly adults.

d. Upon completion of the course, when providing intravenous therapy, the licensed practical nurse shall be under the supervision of a registered nurse. Procedures that may be performed if delegated by the registered nurse are as follows:

(1) Initiation of a peripheral intravenous catheter for continuous or intermittent therapy using a catheter not to exceed three inches in length.

(2) Administration, via a peripheral intravenous catheter, midline catheter, and a PICC line, of premixed electrolyte solutions or premixed vitamin solutions. The first dose shall be administered by the registered nurse. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.

(3) Administration, via a peripheral intravenous catheter, midline catheter, and a PICC line, of solutions containing potassium chloride that do not exceed 40 meq per liter and that do not exceed a dose of 10 meq per hour. The first dose shall be administered by the registered nurse. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.

(4) Administration, via a peripheral intravenous catheter, midline catheter, and a PICC line, of intravenous antibiotic solutions prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse. The first dose shall be administered by the registered nurse.

(5) Maintenance of the patency of a peripheral intravenous catheter, midline catheter, and a PICC line with a prefilled heparin or saline syringe flush, prepackaged by the manufacturer or premixed by a registered pharmacist or registered nurse.

(6) Changing the dressing of a midline catheter and a PICC line per sterile technique.

e. Intravenous therapy procedures that will not be delegated by the registered nurse to the licensed practical nurse are as follows:

(1) Initiation and discontinuation of a midline catheter or a PICC.

(2) Administration of medication by bolus or IV push except maintenance doses of analgesics via a patient-controlled analgesia pump set at a lock-out interval.

(3) Administration of blood and blood products, vasodilators, vasopressors, oxytoxics, chemotherapy, colloid therapy, total parenteral nutrition, anticoagulants, antiarrhythmics, thrombolytics, and solutions with a total osmolarity of 600 or greater.

(4) Provision of intravenous therapy to a patient under the age of 12 or any patient weighing less than 80 pounds, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(5).

(5) Provision of intravenous therapy in any other setting except a licensed hospital, a nursing facility and a certified end-stage renal dialysis unit, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(5).

[**ARC 9163C**, IAB 4/30/25, effective 6/4/25]

655—6.4(152) Telehealth.

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

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

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

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

6.4(5) *Technology.* A licensee providing services through telehealth shall utilize technology that is secure and compliant with the Health Insurance Portability and Accountability Act of 1996, PL 104-191, August 21, 1996, 110 Stat. 1936, and any amendments as of October 30, 2024. The technology must be of sufficient quality, size, resolution, and clarity such that the licensee can safely and effectively provide the telehealth services and abide by the applicable standard of care.

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

[**ARC 9163C**, IAB 4/30/25, effective 6/4/25]

These rules are intended to implement Iowa Code chapter 152.

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◊ Two or more ARCs

[1] Effective date of 5/6/81 delayed 70 days by the Administrative Rules Review Committee [Published IAB 4/29/81].
Effective date of Chapter 6 delayed by the Administrative Rules Review Committee 45 days after convening of the next General Assembly pursuant to §17A.8(9) [Published IAB 8/5/81].

[2] Effective date of 4/21/82 delayed 70 days by the Administrative Rules Review Committee [Published IAB 4/28/82]. Delay lifted by committee on June 9, 1982.

[3] Amendments to 6.3(5), paragraphs *"g"* and *"h,"* and 6.6 effective 7/1/85, IAB 8/15/84.

[4] Effective date delayed until adjournment of the 1993 General Assembly by the Administrative Rules Review Committee at its meeting held February 8, 1993; subrule 6.4(2) nullified by 1993 Iowa Acts, HJR 17, effective April 23, 1993.

CHAPTER 7
ADVANCED REGISTERED NURSE PRACTITIONERS

[Prior to 8/26/87, Nursing Board[590] Ch 7]

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/4/30

655—7.1(17A,124,147,152) Definitions.

"Advanced registered nurse practitioner" or *"ARNP"* means a person who is currently licensed as a registered nurse under Iowa Code chapter 152 or 152E who is licensed by the board as an advanced registered nurse practitioner.

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

"Board" as used in this chapter means the Iowa board of nursing.

"Collaboration" is the process whereby an ARNP and physician jointly manage the care of a client.

"Controlled substance" means a drug in Schedules II through V of subchapter II of Iowa Code chapter 124.

"Cross-coverage" means a licensee who engages in a remote evaluation of a patient, without in-person contact, at the request of another licensed health care provider who has established a proper practitioner-patient relationship with the patient.

"Dispense" means to provide a prescription drug to a patient for self-use outside of the ARNP's practice location. "Dispense" does not include administration.

"Licensee" means an individual licensed by the board as an advanced registered nurse practitioner.

"National professional certification organization" means the American Academy of Nurse Practitioners, the American Association of Critical Care Nurses, the American Midwifery Certification Board, the American Nurses Credentialing Center, the National Board of Certification and Recertification for Nurse Anesthetists, the National Certification Corporation, and the Pediatric Nursing Certification Board.

"On call" means a licensee is available, where necessary, to attend to the urgent and follow-up needs of a patient for whom the licensee has temporarily assumed responsibility, as designated by the patient's primary care licensee or other health care provider of record.

"Opioid" means a drug that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain.

"Prescription monitoring program database" or *"PMP database"* means a centralized database of reportable controlled substance prescriptions dispensed to patients and includes data access logs, security tracking information, and records of each individual who requests prescription monitoring program (PMP) information as operated by the board of pharmacy.

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

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25]

655—7.2(152) Requirements for licensure as an ARNP.

7.2(1) *Qualifications.* An applicant for an ARNP license shall:

a. Hold an active unrestricted license as a registered nurse in accordance with 655—Chapter 3.

b. Graduate from an accredited graduate or postgraduate advanced practice educational program in one of the following roles, except as provided by subrule 7.2(2):

(1) Certified nurse-midwife.

(2) Certified registered nurse anesthetist.
(3) Certified nurse practitioner.
(4) Clinical nurse specialist.

c. Hold current certification issued by a national professional certification organization as a certified nurse-midwife or certified registered nurse anesthetist, or as a certified nurse practitioner or clinical nurse specialist in at least one of the following population foci:

(1) Women's health/gender-related.
(2) Family (individual across the lifespan).
(3) Psychiatric mental health.
(4) Adult/gerontology.
(5) Pediatrics.
(6) Neonatal.

7.2(2) *Exception.* An applicant who has completed a formal advanced practice educational program but has not graduated from an accredited graduate or postgraduate advanced practice educational program may be licensed as an ARNP provided that the applicant possesses a current certification from a national professional certification organization as described in paragraph 7.2(1)*"c."* This exception is intended to allow for the grandfathering of ARNPs who completed educational programs before the board required graduation from an accredited graduate or postgraduate advanced practice educational program.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25]

655—7.3(17A,147,152) Application process.

7.3(1) An applicant shall submit to the board:

a. An ARNP application for each population focus.

b. A dated copy of the applicant's current advanced level certification issued by the appropriate national professional certification organization.

c. If the applicant is not licensed as a registered nurse in Iowa, verification of an active registered nurse license in another state recognized for licensure in this state pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.

d. A nonrefundable license fee of $81.

7.3(2) The applicant shall request that official transcripts be sent directly to the board from the educational program verifying the coursework, date of completion of the program, and the degree conferred.

7.3(3) The executive director of the board or the executive director's designee has the authority to determine if all requirements have been met for licensure of the applicant as an ARNP. If all requirements have been met:

a. The applicant will be issued a license and a certificate to practice as an ARNP that clearly denotes the applicant's name, title, and population focus, and the expiration date of the license.

b. The expiration date of the ARNP license will be the same as the expiration date of the applicant's license to practice as a registered nurse.

7.3(4) Licensure completion. An applicant shall complete the ARNP licensure process within 12 months from the start of the application. The board reserves the right to destroy incomplete application materials after 12 months.

7.3(5) Renewal of licensure. An ARNP license may be renewed beginning 60 days prior to the license expiration date and ending 30 days after the expiration date. To renew, a licensee shall submit the information required by subrule 7.3(1). The expiration date assigned to a renewed ARNP license is the same as the expiration date of the licensee's license to practice as a registered nurse.

7.3(6) Inactive status. Failure to renew an ARNP license within 30 days after its expiration results in an inactive ARNP license.

a. Continuing to work as an ARNP with an inactive ARNP license may result in disciplinary action.

b. To reactivate the license, the licensee must reactivate the underlying license to practice as a registered nurse, if required, and complete the license renewal process for the ARNP license.

7.3(7) License denial. Rule 655—3.9(17A,272C) governs the denial of an application for an ARNP license.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25]

655—7.4(17A,147,152) Advanced nursing practice.

7.4(1) An ARNP shall practice within the ARNP's respective population foci and practice in accordance with the applicable standard of care as described in guidelines published by national professional associations or other reputable sources.

7.4(2) An ARNP must maintain current certification with a national professional certification organization at all times while the ARNP license is active.

7.4(3) An ARNP licensed by the board may prescribe, administer, or dispense prescription drugs or devices, including controlled substances, within the ARNP's role and population foci and consistent with applicable state and federal laws.

7.4(4) An ARNP has the authority to practice to the full extent of the ARNP's license, education, and experience in the ARNP's respective population foci. An ARNP may:

a. Assess health status;

b. Obtain a relevant health and medical history;

c. Perform physical examinations;

d. Order preventive and diagnostic procedures;

e. Formulate a differential diagnosis;

f. Develop a treatment plan;

g. Develop a patient education plan;

h. Receive third-party reimbursement;

i. Maintain hospital privileges; and

j. Promote health maintenance.

7.4(5) Supervision of fluoroscopy. An ARNP is permitted to provide direct supervision in the use of fluoroscopic X-ray equipment, as defined in rule 641—38.2(136C).

a. The ARNP shall provide direct supervision of fluoroscopy pursuant to the following provisions:

(1) Completion of an educational course including content in radiation physics, radiobiology, radiological safety and radiation management applicable to the use of fluoroscopy, and maintenance of documentation verifying successful completion.

(2) Collaboration, as needed, as defined in rule 655—7.1(17A,124,147,152).

(3) Compliance with facility policies and procedures.

b. The ARNP shall maintain documentation of the initial educational course.

c. The initial education requirements are subject to audit by the board pursuant to 655—subrule 5.2(10).

7.4(6) Only a person currently licensed as an advanced registered nurse practitioner may use that title and the letters "ARNP" after the person's name.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25]

655—7.5(17A,147,152) Standards of practice for treating patients. An ARNP shall follow the standards of practice for the ARNP's respective population foci. Prior to treating a patient, an ARNP shall:

7.5(1) Establish a patient-provider relationship.

7.5(2) Perform and document the following, or have access to the patient's health records where all of the following have been documented by other providers in the care team:

a. Chief complaint;

b. Pertinent health history;

c. A focused assessment;

d. Diagnosis; and

e. Plan of treatment.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25]

655—7.6(17A,124,147,152,272C) Standards of practice for controlled substances.

7.6(1) An ARNP who prescribes or administers a controlled substance shall:

a. Review health history, including but not limited to a personal and family substance abuse risk assessment, or the documented rationale for not performing the assessment.

b. Ensure the health record includes documentation of the presence of one or more recognized indications for the use of a controlled substance.

c. Utilize a treatment agreement if continuously prescribing one or more controlled substances.

d. Provide ongoing education of the risks of using a controlled substance, and information regarding addiction, physical dependence, substance abuse, and tolerance, or document the rationale for not providing the education.

e. Maintain an active Drug Enforcement Administration (DEA) registration and an active controlled substances Act (CSA) registration to dispense, prescribe, or administer controlled substances, when required by the DEA and the board of pharmacy.

f. Not prescribe a controlled substance to the ARNP's self or to a family member unless the prescribing occurs in a clinical setting when an emergency situation arises and when there is no other qualified practitioner available to the patient.

7.6(2) The board may discipline an ARNP for prescribing opioids in dosage amounts that exceed what would be prescribed by a reasonably prudent ARNP in a similar practice.

7.6(3) An ARNP who has prescribed opioids to a patient during the renewal cycle is required to complete a minimum of two contact hours of continuing education regarding the U.S. Centers for Disease Control and Prevention guideline for prescribing opioids for chronic pain, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options, as a condition of license renewal every three years. These hours may count towards the 36 contact hours required for license renewal. The ARNP shall maintain documentation of these hours, which may be subject to audit.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25]

655—7.7(124) Use of the prescription monitoring program.

7.7(1) Prior to the prescribing or dispensing of an opioid by an ARNP, the ARNP or the ARNP's authorized delegate shall query the PMP database and the ARNP shall review the patient's information contained in the PMP database.

7.7(2) This rule does not apply to an ARNP when treating a patient who is receiving inpatient hospice care or long-term residential facility care.

7.7(3) This rule does not apply to an ARNP who issues a medication order for an opioid to be administered to a patient at a hospital or clinic.

7.7(4) An ARNP is responsible for understanding the board of pharmacy's rules governing use of the prescription monitoring program in 657—Chapter 37.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25]

655—7.8(152) Prescribing epinephrine auto-injectors, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists in the name of a facility or school.

7.8(1) An ARNP may issue a prescription for one or more epinephrine auto-injectors in the name of a facility as defined in Iowa Code section 135.185(1), a school district, or an accredited nonpublic school.

7.8(2) An ARNP may issue a prescription for one or more bronchodilator canisters or bronchodilator canisters and spacers in the name of a school district or an accredited nonpublic school.

7.8(3) An ARNP may issue a prescription for one or more opioid antagonists in the name of a school district.

7.8(4) An ARNP who prescribes epinephrine auto-injectors, bronchodilator canisters, bronchodilator canisters and spacers, or opioid antagonists in the name of an authorized facility as defined in Iowa Code section 135.185(1), a school district, or an accredited nonpublic school, to be maintained for use pursuant to Iowa Code sections 135.185, 135.190, 280.16, and 280.16A, provided the ARNP has acted reasonably and in good faith, is not be liable for any injury arising from the provision, administration, or assistance in the administration of an epinephrine auto-injector, bronchodilator canister, bronchodilator canister and spacer, or opioid antagonist.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25]

655—7.9(152) Standards of practice for telehealth.

7.9(1) *Telehealth permitted.* A licensee may, in accordance with all applicable laws and rules, provide health care services to a patient through telehealth.

7.9(2) *License required.* An advanced registered nurse practitioner who provides services through telehealth to a patient physically located in Iowa must be licensed by the board. A licensee who provides services through telehealth to a patient physically located in another state shall be subject to the laws and jurisdiction of the state where the patient is physically located.

7.9(3) *Standard of care.*

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

b. Prior to initiating contact with a patient for the purpose of providing services to the patient using telehealth, a licensee shall:

(1) Review the patient's history and all relevant medical records; and

(2) Determine as to each unique patient encounter whether the licensee will be able to provide the same standard of care using telehealth as would be provided if the services were provided in person.

7.9(4) *Scope of practice.* A licensee who provides services through telehealth must practice within the licensee's respective population foci and ensure the services provided are consistent with the licensee's scope of practice, education, training, and experience.

7.9(5) *Practitioner-patient relationship.*

a. Prior to providing services through telehealth, the licensee shall first establish a practitioner-patient relationship. A practitioner-patient relationship is established when:

(1) The person with a health-related matter seeks assistance from the licensee;

(2) The licensee agrees to provide services; and

(3) The person agrees to be treated, or the person's legal guardian or legal representative agrees to the person's being treated, by the licensee regardless of whether there has been a previous in-person encounter between the licensee and the person.

b. A practitioner-patient relationship can be established through an in-person encounter, consultation with another licensee or health care provider, or telehealth encounter.

c. Notwithstanding paragraphs 7.9(5)*"a"* and *"b,"* services may be provided through telehealth without first establishing a practitioner-patient relationship in the following settings or circumstances:

(1) Institutional settings;

(2) Licensed or certified nursing facilities, residential care facilities, intermediate care facilities, assisted living facilities, and hospice settings;

(3) In response to an emergency or disaster;

(4) Informal consultations with another health care provider performed by a licensee outside of the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;

(5) Episodic consultations by a specialist located in another jurisdiction who provides consultation services upon request to a licensee;

(6) A substitute licensee acting on behalf and at the designation of an absent licensee or other health care provider in the same specialty on an on-call or cross-coverage basis; or

(7) When a sexually transmitted disease has been diagnosed in a patient, a licensee prescribes or dispenses antibiotics to the patient's named sexual partner(s) for the treatment of the sexually transmitted disease as recommended by the U.S. Centers for Disease Control and Prevention.

7.9(6) *Consent to telehealth.* Prior to providing services via telehealth, the licensee shall obtain consent from the patient, or the patient's legal guardian or legal representative, to receive services via telehealth.

7.9(7) *Technology.* A licensee providing services through telehealth shall utilize technology that is secure and compliant with the Health Insurance Portability and Accountability Act of 1996, PL 104-191, August 21, 1996, 110 Stat. 1936, and any amendments as of October 30, 2024. The technology must be of

sufficient quality, size, resolution, and clarity such that the licensee can safely and effectively provide the telehealth services and abide by the applicable standard of care.

7.9(8) *Prescriptions.* A licensee providing services through telehealth may issue a prescription to a patient as long as the issuance of such prescription is consistent with the standard of care applicable to the in-person setting.

7.9(9) *Records.* A licensee who provides services through telehealth shall maintain a record of the care provided to the patient. Such records shall comply with all applicable laws, rules, standards of care for recordkeeping, confidentiality, and disclosure of a patient's medical record.

7.9(10) *Follow-up care.* A licensee who provides services through telehealth shall refer a patient for follow-up care when required by the standard of care.

[**ARC 9164C**, IAB 4/30/25, effective 6/4/25]

These rules are intended to implement Iowa Code sections 17A.3, 124.551A, 124.552, 147.2, 147.10, 147.11, 147.72, 147.74, 147.76, 147.80, 147.107, 152.1, 152.6, 152.7, and 272C.2C.

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CHAPTER 8
PETITIONS FOR RULE MAKING
Rescinded **ARC 9165C**, IAB 4/30/25, effective 6/4/25

CHAPTER 9
DECLARATORY ORDERS
Rescinded **ARC 9165C**, IAB 4/30/25, effective 6/4/25

CHAPTER 10
AGENCY PROCEDURE FOR RULE MAKING
Rescinded **ARC 9165C**, IAB 4/30/25, effective 6/4/25

CHAPTER 11
EXAMINATION OF PUBLIC RECORDS
Rescinded **ARC 9165C**, IAB 4/30/25, effective 6/4/25

CHAPTER 12
REGISTERED NURSE CERTIFYING ORGANIZATIONS/ UTILIZATION AND COST CONTROL REVIEW

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/4/30

655—12.1(509,514,514B,514F) Purpose. This chapter is promulgated for the purpose of administering the provisions of Iowa Code sections 509.3, 514.7, 514B.1 and 514F.1.
[**ARC 9166C**, IAB 4/30/25, effective 6/4/25]

655—12.2 Reserved.

655—12.3(509,514,514B) National certifying organizations. Eligibility requirements for certification are established by the individual national certifying organization. National certifying organizations identified by the board pursuant to Iowa Code sections 509.3, 514.7, 514B.1, and 514F.1 are as follows:

Addictions Nursing Certification Board
American Academy of Nurse Practitioners
American Association of Critical Care Nurses Certification Corporation
American Association for Marriage and Family Therapy
American Board of Medical Genetics
American Board of Neuroscience Nursing
American Board for Occupational Health Nurses, Inc.
American Board of Post Anesthesia Nursing Certification, Inc.
American Board of Urology
American Urological Association
American College of Nurse-Midwives
American Holistic Nurses' Credentialing Corporation
American Nurses' Credentialing Center
American Society of Plastic Surgical Nurses
Association of Perioperative Registered Nurses
Association for Professionals in Infection Control and Epidemiology
Association of Rehabilitation Nurses, Certification Board
Board of Certification for Emergency Nursing
Board of Nephrology Examiners Nursing and Technology
Certifying Council for Gastroenterology Clinicians, Inc.
Clinical Nutrition Certification Board
National Board of Certification and Recertification for Nurse Anesthetists
Dermatology Nurses Association
Enterostomal Therapy Nursing Certification Board
Association of Nurses in AIDS Care, HIV/AIDS Nursing Certification Board
International Association of Infant Massage
International Board of Lactation Consultant Examiners
International Nurses Society on Addictions
Infusion Nurses Certification Corporation
Lamaze International
National Board for Certification of School Nurses
Certification Board for Diabetes Care and Education
Pediatric Nurse Certification Board
National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties
National Certifying Board for Ophthalmic Registered Nurses
National Association of Chemical Dependency Nurses
Oncology Nursing Certification Corporation
Orthopaedic Nurses Certification Board

Plastic Surgical Nursing Certification Board
Radiologic Nursing Certification Board
Society of Gastroenterology Nurses and Associates
Society of Otorhinolaryngology and Head-Neck Nurses
Society of Urological Nurses and Associates
Society for Vascular Nursing
Wound, Ostomy and Continence Nursing Certification Board
[**ARC 9166C**, IAB 4/30/25, effective 6/4/25]

655—12.4(514F) Utilization and cost control review (U.C.C.R.) committee. The board may establish a U.C.C.R. committee for the purpose set forth in Iowa Code section 514F.1, including questions regarding:
1. Appropriateness of levels of nursing care.
2. Documentation of the credentials of the nurse(s) offering the service(s).
3. Documentation of the care provided.
4. Documentation of the costs of nursing services provided by credentialed nurses as requested by users and payers of such services.

[**ARC 9166C**, IAB 4/30/25, effective 6/4/25]

655—12.5(514F) Selection and composition of the U.C.C.R. committee.

12.5(1) A U.C.C.R. committee will consist of five licensed registered nurses, three of whom shall be certified by the above. A quorum of the U.C.C.R. committee is three members. When a quorum is present, a position is carried by a majority of the committee members.

12.5(2) The chairperson of the board of nursing, upon receipt of a request for review, will appoint committee members and designate a chairperson and a secretary.

12.5(3) Members of the U.C.C.R. committee will:

a. Have been actively practicing nursing in Iowa for a period of five years immediately prior to their appointment.

b. Hold an active Iowa registered nurse license or hold a current license in another state and be recognized for licensure in Iowa pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.

c. Be actively involved in nursing practice during the term of appointment.

d. Not be exempt from mandatory disclosure requirements of Iowa Code section 272C.9.

e. Not be civilly liable when functioning in their capacity of committee members in compliance with Iowa Code section 272C.8.

f. Observe the requirements of confidentiality imposed by Iowa Code section 272C.6(4).

[**ARC 9166C**, IAB 4/30/25, effective 6/4/25]

655—12.6(514F) Scope of review.

12.6(1) Factors to determine appropriateness of nursing care deemed medically necessary may include but are not limited to:

a. Utilization of the nursing process in establishing a nursing diagnosis.

b. Development of a nursing care plan based on documentation of client needs and standards of care for that particular clinical specialty.

c. Adequate completion of recommended nursing care plan.

d. Quality of care as measured by outcome.

e. Proper referral to specialists or physicians when conditions indicate.

12.6(2) Cost review will result in an opinion as to the fairness of charges for nursing care services based on criteria including but not be limited to:

a. The nurse's usual charge for the service.

b. The customary charge for the service based on a review of peer group charges.

c. Reasonable variance due to degree of difficulty, skill, or judgment.

[**ARC 9166C**, IAB 4/30/25, effective 6/4/25]

655—12.7(514F) Procedures for utilization and cost control review.

12.7(1) A request for review may be made to the board by a patient, licensee, or third-party payer of health care benefits.

12.7(2) The fee for a utilization and cost control review is $50 per individual patient review, made payable to the department of inspections, appeals, and licensing.

12.7(3) A request for review may be submitted to the board by addressing the request to the board of nursing as provided in 481—Chapter 1 and on the website of the department of inspections, appeals, and licensing: dial.iowa.gov. Requests may be made on forms provided by the department. All references to identification and location of the licensee shall be deleted prior to submission.

12.7(4) The U.C.C.R. committee will present its findings and recommendations in writing to the chairperson of the board within 90 days of the committee appointment, with the parties notified of the findings thereafter.

12.7(5) If during its review the U.C.C.R. committee identifies a possible violation of Iowa Code chapter 152 or rules promulgated thereunder, the board may take further action, as appropriate.

12.7(6) Action of the U.C.C.R. committee does not constitute an action of the board.

[**ARC 9166C**, IAB 4/30/25, effective 6/4/25]

These rules are intended to implement Iowa Code sections 509.3, 514.7, 514B.1, and 514F.1.

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CHAPTER 13
DISCIPLINARY HEARING COSTS
Rescinded **ARC 9165C**, IAB 4/30/25, effective 6/4/25

CHAPTER 14
FAIR INFORMATION PRACTICES
Rescinded **ARC 9165C**, IAB 4/30/25, effective 6/4/25

CHAPTER 15
WAIVER RULES
Rescinded **ARC 9165C**, IAB 4/30/25, effective 6/4/25

CHAPTER 16
CERTIFIED PROFESSIONAL MIDWIVES

Chapter rescission date pursuant to Iowa Code section 17A.7: 6/19/29

655—16.1(148I) Definitions. As used in this chapter, in addition to those listed below, definitions as stated in Iowa Code section 148I.1 apply to this chapter.

"Administer" means the same as defined in Iowa Code section 155A.3(1).

"Consultation" means discussing the aspects of an individual client's circumstance with other professionals to ensure comprehensive and quality care for the client, consistent with the objectives in the client's treatment plan or for purposes of making adjustments to the client's treatment plan. Consultation may include history-taking; examination of the client; rendering an opinion concerning diagnosis or treatment; or offering service, assistance or advice.

"Professional conduct" means behavior that adheres to the practice standards set out in rule 655—16.3(148I).

"Unprofessional conduct" means unethical conduct, including but not limited to acts or behavior that is inconsistent with Iowa Code chapter 148I or any violations of this chapter.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24]

655—16.2(148I) Licensure.

16.2(1) *Initial license.* An individual seeking initial licensure as a certified professional midwife (CPM) will submit the following:

a. A completed application for licensure.

b. Payment of the application fee.

c. A dated copy of the applicant's current certification issued by the North American Registry of Midwives or its successor organization, including the applicant's education or midwifery bridge certificate in accordance with Iowa Code section 148I.2.

d. An official transcript or certificate denoting the date of high school graduation and diploma or equivalent.

e. A dated certificate of completion of mandatory reporter training.

f. A written plan in accordance with Iowa Code section 148I.4(1)*"g."*

g. Two completed fingerprint cards and a signed waiver form to facilitate a national criminal history background check.

h. If the applicant has a criminal history, a copy of all documents required by rule 655—3.11(272C).

16.2(2) *Renewal of license.* A CPM license may be renewed beginning 60 days prior to the license expiration date and ending 30 days after the license expiration date. To renew, a licensee shall submit the following:

a. A completed application for licensure.

b. Payment of the application fee.

c. A dated copy of the applicant's current certification issued by the North American Registry of Midwives or its successor organization.

d. Attestation of fulfillment of the continuing education and peer review requirements established by the North American Registry of Midwives or its successor organization.

e. Attestation of reporting client data to the department of health and human services by way of filing the paperwork required to obtain a birth certificate in accordance with Iowa Code section 148I.4(1)*"i."*

16.2(3) *Inactive status.* Failure to renew a CPM license within 30 days after its expiration will result in an inactive CPM license.

a. Continuing to work as a CPM with an inactive CPM license may result in disciplinary action.

b. To reactivate the license, the licensee must complete the license renewal process established in subrule 16.2(2).

16.2(4) *Fees.* The following fees apply to licensure for CPMs.

a. Application fee for an initial license is $81 for a period of licensure up to three years.

b. Evaluation fee of the fingerprint cards and the criminal history background check by the Federal Bureau of Investigation (FBI) and the state division of criminal investigation (DCI) is $50.

c. Fee for renewal of license to practice as a CPM is $81.

d. Fee for late renewal of a license to practice as a CPM is $50, plus the renewal fee.

e. Fee for reactivation of a license to practice as a CPM is $81 for any period of licensure up to three years.

f. All other fees are the same as defined in rule 655—3.1(148I).

16.2(5) *Exceptions to licensure.* Exceptions to licensure are established in Iowa Code section 148I.3.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24]

655—16.3(148I) Practice standards. A CPM shall practice within the legal boundaries for certified professional midwifery as set forth in Iowa Code chapter 148I, this chapter, and any other pertinent law or regulation. A licensed CPM shall:

16.3(1) Comply with the practice standards accepted by the North American Registry of Midwives as defined by the National Association of Certified Professional Midwives (NACPM) or its successor organization, as of February 1, 2024, found at nacpm.org.

16.3(2) Demonstrate professionalism and accountability in the practice of certified professional midwifery, including:

a. Demonstrating honesty and integrity in practice.

b. Basing decisions in practice on knowledge, judgment, skills, and the needs of clients.

c. Maintaining competence through completion of the continuing education requirements in subrule 16.2(2) and application of such education in practice.

d. Reporting to appropriate authorities instances of unsafe practice by a CPM.

e. Being accountable for judgments and individual actions as a CPM and competence, decisions, and behaviors in the practice of certified professional midwifery.

16.3(3) Maintain a record of, and provide to each client orally and by written consent form, all information and consents in accordance with Iowa Code section 148I.4(1)*"h."*

16.3(4) Comply with Iowa Code sections 136A.6 and 136A.5A.

16.3(5) File a birth certificate for each birth in accordance with Iowa Code section 148I.4.

16.3(6) Consult with a licensed physician or certified nurse midwife for high-risk pregnancies and births.

a. A CPM shall consult with a licensed physician or a certified nurse midwife providing obstetrical care whenever there are significant deviations, including but not limited to abnormal laboratory results, relative to a client's pregnancy or to a neonate. If a referral to a physician is needed, the CPM shall refer the client to a physician and, if possible, remain in consultation with the physician until resolution of the concern.

b. A CPM shall consult with a licensed physician or certified nurse midwife with regard to any mother who presents with or develops the following risk factors or presents with or develops other risk factors that in the judgment of the CPM warrant consultation:

(1) Antepartum.

1. Pregnancy-induced hypertension, as evidenced by a blood pressure of at least 140/90 on two occasions greater than six hours apart.
2. Persistent, severe headaches; epigastric pain; or visual disturbances.
3. Persistent symptoms of urinary tract infection.
4. Significant vaginal bleeding before the onset of labor not associated with uncomplicated spontaneous abortion.
5. Rupture of membranes prior to the thirty-seventh week of gestation.
6. Noted abnormal decrease in or cessation of fetal movement.
7. Anemia resistant to supplemental therapy.
8. Fever of 102°F or 39°C or greater for more than 24 hours.
9. Nonvertex presentation after 38 weeks of gestation.
10. Hyperemesis or significant dehydration.

11. Isoimmunization, Rh-negative sensitized, positive titers, or any other positive antibody titer that may have a detrimental effect on mother or fetus.
12. Elevated blood glucose level unresponsive to dietary management.
13. Positive HIV antibody test.
14. Primary genital herpes infection in pregnancy.
15. Symptoms of malnutrition, anorexia, protracted weight loss or failure to gain weight.
16. Suspected deep vein thrombosis.
17. Documented placental anomaly or previa.
18. Documented low-lying placenta in a woman with a history of previous cesarean delivery.
19. Labor prior to the thirty-seventh week of gestation.
20. History of prior uterine incision.
21. Lie other than vertex at term.
22. Known fetal anomalies that may be affected by the site of birth.
23. Marked abnormal fetal heart tones.
24. Abnormal nonstress test or abnormal biophysical profile.
25. Marked or severe polyhydramnios or oligohydramnios.
26. Evidence of intrauterine growth restriction.
27. Significant abnormal ultrasound findings.
28. Gestation beyond 42 weeks by reliable confirmed dates.

(2) Intrapartum.

1. Rise in blood pressure above baseline, more than 30/15 points or greater than 140/90.
2. Persistent, severe headaches; epigastric pain; or visual disturbances.
3. Significant proteinuria or ketonuria.
4. Fever over 100.6°F or 38°C in absence of environmental factors.
5. Ruptured membranes without onset of established labor after 18 hours.
6. Significant bleeding prior to delivery or any abnormal bleeding, with or without abdominal pain; or evidence of placental abruption.
7. Lie not compatible with spontaneous vaginal delivery or unstable fetal lie.
8. Failure to progress after five hours of active labor or following two hours of active second-stage labor.
9. Signs and symptoms of maternal infection.
10. Active genital herpes at onset of labor.
11. Fetal heart tones with nonreassuring patterns.
12. Signs or symptoms of fetal distress.
13. Thick meconium or frank bleeding with birth not imminent.
14. Client or CPM desires physician consultation or transfer.

(3) Postpartum.

1. Failure to void within six hours of birth.
2. Signs or symptoms of maternal shock.
3. Febrile: 102°F or 39°C and unresponsive to therapy for 12 hours.
4. Abnormal lochia or signs or symptoms of uterine sepsis.
5. Suspected deep vein thrombosis.
6. Signs of clinically significant depression.

c. A CPM shall consult with a licensed physician or certified nurse midwife with regard to any neonate who is born with or develops the following risk factors:

(1) Apgar score of six or less at five minutes without significant improvement by ten minutes.
(2) Persistent grunting respirations or retractions.
(3) Persistent cardiac irregularities.
(4) Persistent central cyanosis or pallor.
(5) Persistent lethargy or poor muscle tone.
(6) Abnormal cry.
(7) Birth weight less than 2,300 grams.

(8) Jitteriness or seizures.
(9) Jaundice occurring before 24 hours or outside of normal range.
(10) Failure to urinate within 24 hours of birth.
(11) Failure to pass meconium within 48 hours of birth.
(12) Edema.
(13) Prolonged temperature instability.
(14) Significant signs or symptoms of infection.
(15) Significant clinical evidence of glycemic instability.
(16) Abnormal, bulging, or depressed fontanel.
(17) Significant clinical evidence of prematurity.
(18) Medically significant congenital anomalies.
(19) Significant or suspected birth injury.
(20) Persistent inability to suck.
(21) Diminished consciousness.
(22) Clinically significant abnormalities in vital signs, muscle tone or behavior.
(23) Clinically significant color abnormality, cyanotic, or pale or abnormal perfusion.
(24) Abdominal distension or projectile vomiting.
(25) Signs of clinically significant dehydration or failure to thrive.

16.3(7) Not use forceps or a vacuum extractor in accordance with Iowa Code section 148I.4.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24]

655—16.4(148I) Delegation to another CPM. The CPM shall apply the delegation process when delegating to another CPM by:

16.4(1) Delegating only those midwifery tasks that fall within the delegate's scope of practice, education, experience, and competence.

16.4(2) Matching the client's needs and circumstances with the delegate's qualifications and resources.

16.4(3) Communicating directions and expectations for completion of the delegated activity and receiving confirmation of understanding of the communication from the delegate.

16.4(4) Monitoring performance, progress and outcomes and ensuring appropriate documentation is complete.

16.4(5) Evaluating client outcomes as a result of the delegation process.

16.4(6) Intervening when problems are identified and revising plan of care when needed.

16.4(7) Retaining accountability for properly implementing the delegation process.

16.4(8) Promoting a safe and therapeutic environment by:

a. Providing appropriate monitoring of the care environment.

b. Identifying unsafe care situations.

c. Correcting problems or referring problems to a physician as described in Iowa Code section 148.1 or advanced registered nurse practitioner as defined in Iowa Code section 152.1.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24]

655—16.5(148I) Testing and drugs.

16.5(1) A licensee may:

a. Obtain and administer drugs in accordance with Iowa Code section 148I.4.

b. Obtain and administer the following drugs approved by the board of nursing:

(1) Pyridoxine (vitamin B6) IM or IV for treatment of hyperemesis;
(2) Terbutaline for cord prolapse; and
(3) Nifedipine for eclampsia.

c. Request board approval to obtain and administer other drugs, not otherwise stated in Iowa Code section 148I.4(1)*"d,"* consistent with the practice of certified professional midwifery.

d. Obtain appropriate screening and testing for clients in accordance with Iowa Code section 148I.4(1)*"c."*

e. Administer prescription drugs prescribed by a licensed health care provider to a client in accordance with Iowa Code section 148I.4(1)*"e."*

16.5(2) A licensee who dispenses or administers controlled substances must adhere to 657—Chapter 10.

16.5(3) In addition to following the standards of practice for treating a client described in rule 655—16.3(148I), a licensee who administers a controlled substance shall practice in accordance with the following:

a. The client's health history will include a personal and family substance abuse risk assessment performed by a licensed prescribing health care provider or the documented rationale for not performing the assessment.

b. The client's health record must include documentation of the presence of one or more recognized indications for the use of a controlled substance.

c. A licensee who administers any controlled substance will maintain an active Drug Enforcement Administration (DEA) registration and active controlled substances Act (CSA) registration when required by the DEA and the board of pharmacy.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24]

655—16.6(148I) Discipline. A licensee may be disciplined for failure to comply with Iowa Code chapter 148I or this chapter or for any wrongful act or omission related to the licensee's practice, licensure, or professional conduct, including but not limited to the following:

16.6(1) In accordance with Iowa Code section 147.55(1), behavior that constitutes fraud in procuring a license that may include but need not be limited to the following:

a. Falsification of the application, certification, or records submitted to the board for licensure or license renewal as a CPM.

b. Fraud, misrepresentation, or deceit in taking the licensing examination or in obtaining a license as a CPM.

16.6(2) In accordance with Iowa Code section 147.55(2), professional incompetency that may include but need not be limited to the following:

a. Lack of knowledge, skill, or ability to discharge professional obligations within the scope of the practice of midwifery.

b. Deviation by the licensee from the standards of learning, education, or skill ordinarily possessed and applied by other CPMs in the state of Iowa acting in the same or similar circumstances.

c. Willful or repeated departure from or failure to form to the minimum standards of acceptable and prevailing practice of midwifery in the state of Iowa.

16.6(3) In accordance with Iowa Code section 147.55(3), behavior (i.e., acts, knowledge, and practices) that constitutes unethical conduct or practice harmful or detrimental to the public that may include but need not be limited to the following:

a. Engaging in practice contradictory to NACPM standards of practice.

b. Performing services beyond the authorized scope of practice for which the individual is licensed or prepared.

c. Allowing another person to use one's license for any purpose.

d. Failing to comply with any rule promulgated by the board related to minimum standards of care.

e. Improper delegation of services, functions or responsibilities.

f. Committing an act or omission that may adversely affect the physical or psychosocial welfare of the client.

g. Committing an act that causes physical, emotional, or financial injury to the client.

h. Violating the confidentiality or privacy rights of the client.

i. Discriminating against a client because of age, sex, race, ethnicity, national origin, creed, illness, disability, sexual orientation, or economic or social status.

j. Failing to assess, accurately document, evaluate, or report the status of a client when necessary.

k. Misappropriating or attempting to misappropriate medications, property, supplies, or equipment of the client.

l. Fraudulently or inappropriately using or permitting the use of prescriptions, obtaining or attempting to obtain prescription medications under false pretenses, or assisting others to obtain or attempt to obtain prescription medication under false pretenses.

m. Practicing midwifery while under the influence of alcohol, marijuana, or illicit drugs or while impaired by the use of pharmacological agents or medications, even if legitimately prescribed.

n. Being involved in the unauthorized manufacture or distribution of a controlled substance.

o. Being involved in the unauthorized possession or use of a controlled substance.

p. Engaging in behavior that is contradictory to professional decorum.

q. Failing to report suspected wrongful acts or omissions committed by the licensee of the board.

r. Failing to comply with an order of the board.

s. Administering drugs:

(1) In an unsafe manner.

(2) Without accurately documenting the drug or without assessing, evaluating, or instructing the patient or client.

(3) To individuals who are not clients.

t. Failing to properly safeguard or secure medications.

u. Failing to properly document or perform medication wastage.

16.6(4) In accordance with Iowa Code section 147.55(3), behavior (i.e., acts, knowledge, and practices) that constitutes unethical conduct or practice harmful or detrimental to the public that may include but need not be limited to the professional boundaries violations in paragraphs 16.6(4)*"a"* through *"e."* For purposes of this subrule, "client" includes the client and the client's family that are present with the client while the client is under the care of the licensee.

a. Sexual contact with a client, regardless of the client's consent.

b. Making lewd, suggestive, demeaning, or otherwise sexual comments, regardless of client consent.

c. Participating in, initiating, or attempting to initiate a sexual or emotional relationship with a client, regardless of client consent.

d. Soliciting, borrowing, or misappropriating money or property from a client, regardless of client consent.

e. Engaging in a sexual, emotional, social or business relationship with a former client when there is a risk of exploitation or harm to the client, regardless of client consent.

16.6(5) In accordance with Iowa Code section 147.55(4), habitual intoxication or addiction to the use of drugs that may include but need not be limited to the following:

a. Excessive use of alcohol that may impair a licensee's ability to practice the profession with reasonable skill and safety.

b. Excessive use of drugs that may impair a licensee's ability to practice the profession with reasonable skill and safety.

16.6(6) Being convicted of an offense that directly relates to the duties and responsibilities of the profession. A conviction includes a guilty plea, including Alford and nolo contendere pleas, or a finding or verdict of guilt, even if the adjudication of guilt is deferred, withheld, or not entered. An offense directly relates to the duties and responsibilities of the profession if the actions taken in furtherance of the offense are actions customarily performed within the scope of practice of the profession or if the circumstances under which the offense was committed are circumstances customary to the profession.

16.6(7) In accordance with Iowa Code section 147.55(5), fraud in representation as to skill or ability.

16.6(8) In accordance with Iowa Code section 147.55(6), use of untruthful or improbable statements in advertisements.

16.6(9) In accordance with Iowa Code section 147.55(7), willful or repeated violations of provisions of Iowa Code chapter 147, 148I, or 272C.

16.6(10) In accordance with Iowa Code section 147.55(10), other acts or offenses as specified by board rules, including the following:

a. Failing to provide written notification of a change of address to the board within 30 days of the event.

b. Failing to notify the board within 30 days from the date of the final decision in a disciplinary action taken by the licensing authority of another state, territory, or country.

c. Failing to notify the board of a criminal conviction within 30 days of the action, regardless of whether the judgment of conviction or sentence was deferred, and regardless of the jurisdiction where it occurred.

d. Failing to submit an additional completed fingerprint packet as required and the applicable fee, when a previous fingerprint submission has been determined to be unacceptable, within 30 days of a request made by board staff.

e. Failing to respond to the board during a board audit or submit verification of compliance with continuing education requirements or exceptions within the time period provided.

f. Failing to respond to the board during a board audit or submit verification of compliance with training in child or dependent adult abuse identification and reporting or exceptions within the time period provided.

g. Failing to respond to or comply with a board investigation or subpoena.

h. Engaging in behavior that is threatening or harassing to the board, board staff, or agents of the board.

16.6(11) In accordance with Iowa Code section 147.2 or 147.10:

a. Engaging in the practice of midwifery in Iowa prior to licensure.

b. Engaging in the practice of midwifery in Iowa on an inactive license.

[**ARC 8114C**, IAB 7/10/24, effective 6/19/24]

655—16.7(148I) Telehealth.

16.7(1) *Telehealth permitted.* A CPM may, in accordance with all applicable laws and rules, provide services to a client through telehealth.

16.7(2) *License required.* A CPM who provides services through telehealth to a client physically located in Iowa must be licensed by the board. A CPM who provides services through telehealth to a client physically located in another state shall be subject to the laws and jurisdiction of the state where the client is physically located.

16.7(3) *Standard of care.*

a. A CPM who provides services through telehealth shall be held to the same standard of care as is applicable to in-person settings. A CPM shall not perform any service via telehealth unless the same standard of care can be achieved as if the service were performed in person.

b. Prior to initiating contact with a client for the purpose of providing services to the client using telehealth, a CPM shall:

(1) Review the client's history and all relevant medical records; and

(2) Determine as to each unique client encounter whether the CPM will be able to provide the same standard of care using telehealth as would be provided if the services were provided in person.

16.7(4) *Scope of practice.* A CPM who provides services through telehealth must ensure the services provided are consistent with the CPM's scope of practice, education, training and experience.

16.7(5) *CPM-client relationship.*

a. Prior to providing services through telehealth, the CPM shall first establish a CPM-client relationship. A CPM-client relationship is established when:

(1) The client seeks assistance from the CPM;

(2) The CPM agrees to provide services; and

(3) The client agrees to be treated, or the client's legal guardian or legal representative agrees to the client being treated, by the CPM regardless of whether there has been a previous in-person encounter between the CPM and the client.

b. A CPM-client relationship can be established through an in-person encounter, consultation with another CPM or health care provider, or telehealth encounter.

c. Notwithstanding paragraphs 16.7(5)*"a"* and *"b,"* services may be provided through telehealth without first establishing a CPM-client relationship in the following settings or circumstances:

(1) In response to an emergency or disaster;

(2) Via informal consultations with another health care provider performed by a CPM outside of the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;

(3) A substitute CPM acting on behalf and at the designation of an absent CPM in the same specialty on an on-call or cross-coverage basis.

16.7(6) *Consent to telehealth.* Prior to providing services via telehealth, the CPM shall obtain consent from the client, or the client's legal guardian or legal representative, to receive services via telehealth.

16.7(7) *Technology.* A CPM providing services through telehealth shall utilize technology that is secure and compliant with the Health Insurance Portability and Accountability Act (HIPAA), as effective June 19, 2024. The technology must be of sufficient quality, size, resolution, and clarity such that the CPM can safely and effectively provide the telehealth services and abide by the applicable standard of care.

16.7(8) *Records.* A CPM who provides services through telehealth shall maintain a record of the care provided to the client. Such records shall comply with all applicable laws, rules, and standards of care for recordkeeping, confidentiality, and disclosure of a client's medical record.

16.7(9) *Follow-up care.* A CPM who provides services through telehealth shall refer a client for follow-up care when required by the standard of care.

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These rules are intended to implement Iowa Code chapter 148I.

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CHAPTER 17
NONPAYMENT OF CHILD SUPPORT OR STATE DEBT
Rescinded **ARC 9165C**, IAB 4/30/25, effective 6/4/25

CHAPTER 18
MILITARY SERVICE AND VETERAN RECIPROCITY
Rescinded **ARC 9165C**, IAB 4/30/25, effective 6/4/25

CHAPTER 19
IOWA NURSE ASSISTANCE PROGRAM
Rescinded **ARC 9165C**, IAB 4/30/25, effective 6/4/25

CHAPTER 20
CONTESTED CASES
[Prior to 1/6/16, see 655—Chapter 4]
Rescinded **ARC 9165C**, IAB 4/30/25, effective 6/4/25